

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HADLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 125 RUSSELL ST, HADL	EY, MA 01035-9519	Business Mailing Address: 1 Ashburton Pl, Boston M	IA 02108
Contract Manager: HAYLEY WOOD	Phone: 413-586-4023	Billing Address (if different):	
E-Mail: coa@hadleyma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191811		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	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	В
_ X NEW CONTRAC	CT	CONTRACT AMENDA	The body and the first and the second
PROCUREMENT OR EXCEPTION TYPE: (Check on		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		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Granis - 81 Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or but	
Contract Employee (Attach Employment Status ForX_ Other Procurement Exception (Attach authorizingX	orm, scope, budget)	Other Procurement Exception (Attach authorizing lang	
specific exemption or earmark, and exception justifi	ication, scope and budget)	scope and budget)	guagorjustinoation and apacted
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth To	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social
in the state accounting system by sufficient appropriation. X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	horized performance accepted in accordance with the terms of ids, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$	815 CMR 9.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of			
the prior obligation for year one is funded in the FY22 a		e signed contract is 6/30/22. MA #2. actor certify for this Contract, or Contract Amendment, that Co	and the street
1. may be incurred as of the Effective Date (latest s			ontract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.
X 3. were incurred as of <u>July 1</u> , 20 21 , a date are authorized to be made either as settlement pa are attached and incorporated into this Contract.	PRIOR to the Effective Date below ayments or as authorized reimburse Acceptance of payments forever re	w, and the parties agree that payments for any obligations inc sement 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 ese obligations.
amended, provided that the terms of this Contract an completing any negotiated terms and warranties, to allo	nd performance expectations and of low any close out or transition perfo	32 , with no new obligations being incurred after this da 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 y lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. X:			led above, subject to any required Contractor makes all certifications rovide any required documentation ched or incorporated by reference form, the Standard Contract Form age stricken by a Department as the Contractor's Response only if wer costs, or a more cost effective LTH: LETH: Time of Signature)
Print Title: TOWN OR MINS NO	at &	Print Title: Diwictor of Com Vacts	and Allantettus

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

CONTRACTOR LEGAL NAME: TOWN OF HALIFAX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 499 PLYMOUTH ST, HAL	.IFAX, MA 02338-1338	A 02338-1338 Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DARLENE REGAN	Phone: 781-293-7313	Billing Address (if different):		
E-Mail: darlene.regan@halifax-ma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191812		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. 8B		
_X NEW CONTRAC	CT	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated [Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 81 Notice or RFR, and Response or other procureme	nt 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 Contra		
Contract Employee (Attach Employment Status Fo _X_ Other Procurement Exception (Attach authorizin	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justific	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 O Services Commonwealth IT Terms and Conditions	ractor Certifications and the fol NE option):Commonwealth T	Illowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ons 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.)			815 CMR 9.00.	
Maximum Obligation Contract. Enter total maxim	um obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payments			
(subsequent payments scheduled to support standard	EFT 45 day payment cycle. See F	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 reconsus 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 fis 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.			2022. The COAs established by nunicipality as per the most recent OA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contr	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 <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date.		
2. may be incurred as of, 20, a date LAT	ER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.	
are authorized to be made either as settlement pa are attached and incorporated into this Contract.	yments or as authorized reimburs Acceptance of payments forever i	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	all obligations under this Contract ese obligations.	
CONTRACT END DATE: Contract performance shall	terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this da	te unless the Contract is properly	
completing any negotiated terms and warranties, to allo	a performance expectations and ow any close out or transition perf	obligations shall survive its termination for the purpose of re	solving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			ne latest date that this Contract or ed above, subject to any required Contractor makes all certifications ovide any required documentation ched or incorporated by reference form, the Standard Contract Form age stricken by a Department as the Contractor's Response only if wer costs, or a more cost effective	
x:	AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		e: 3/9/17. Time of Signature)	

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and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions
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.

construction and also posted at OSD Forms. https://www.mas			and the state of t
CONTRACTOR LEGAL NAME: TOWN OF HAMILTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
Legal Address: (W-9, W-4): 577 BAY RD, SOUTH HAMILTON, MA 01982-1032 Business Mailing Address: 1 Ashburton PL Boston MA 0246			
Contract Manager: THERESA WOODBURY	Phone: 978-468-5595	Business Mailing Address: 1 Ashburton PI, Boston M. Billing Address (if different):	A 02108
E-Mail: coa@hamiltonma.gov	Fax:		
Contractor Vendor Code: VC6000191814	· wai	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Vendor Code Address ID (e.g. "AD001"): AD 001.		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
(Note: The Address ID must be set up for EFT paym	ents.)	MMARS Doc ID(s): 02082200000000000007	
		RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on		CONTRACT AMENDN	IENT
Statewide Contract (OSD or an OSD-designated I	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u> .
Collective Purchase (Attach OSD approval, scope	budget)	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes all Grants - 81	5 CMR 2 00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	d scope and budget)
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emergency Contract)	nt supporting documentation)	Interim Contract (Attach justification for Interim Contract	a scope and budget)
Contract Employee (Attach Employment Status Fo	orm scope budget)	Contract Employee (Attach any updates to scope or bu	idget)
X Other Procurement Exception (Attach authorizin specific exemption or earmark, and exception justification)	ng language, legislation with	Other Procurement Exception (Attach authorizing land	juage/justification and updated
The Standard Contract Form Instructions and Cont	ractor, Scope and budget)	Scope and budget)	
	NE option):Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference
in the state accounting system by sufficient appropriation	ent certifies that payments for auth	norized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under	f this Contract will be supported
t angularij / iliabil	details of all fales, utilis, calculate	IIIS CONDITIONS OF Terms and any changes if rates t	815 CMR 9.00.
maramam obligation contract. Litter total maxim	urn obligation for total duration of t	this contract (or new total if Contract is being amended). \$	
PROMPT PAYMENT DISCOUNTS (PPD): Commonw	calth payments are issued the		colorated payments must id- 116
% PPD. If PPD percentages are left blank identify.	% PPD; Payment issued within 15	DEF 1 45 days from invoice receipt. Contractors requesting active); Payment issued within 30 days
(subsequent payments scheduled to support standard	FFT 45 day navment cycle. Soo B	rompt Dou Discounts Delling Neady Payments (M.G.L. c. 2	9, § 23A); only initial payment
DRIEF DESCRIPTION OF CONTRACT DERECOMAN	CE OF DEACON FOR AMENDAGE	Nitro Territoria	Causada - A 1 (004) 41
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This Indigence of the provide social and support services to older adults, their families and caregivers. The angual award is determined by the 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 angual award is determined by the contract is 7/1/2021-6/30/2022. The COAs established by			
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report describing how these grant funds were applied. All approved obligations incurred grice to the latest size to the latest		DA will complete an annual fiscal	
the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed red rate are intended to be part of this agreement and the amount of ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no ability.		s agreement and the amount of	
1 may be incurred as of the Effective Date (Intent in	only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Co	ntract obligations:
— , and Endouve Date (lates) si	unature date below and no online	Minne have been incurred	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective I been incurred <u>prior</u> to the Effective I been also appeared to the parties agree that payments for any obligations incurred prior to the parties and that the details and the prior to th	
are authorized to be made either as settlement pa	yments or as authorized reimburse	w, and the parties agree that payments for any obligations incu- ement payments, and that the details and circumstances of all	urred prior to the Effective Date
are attached and incorporated into this Contract.	Acceptance of payments forever re	ement payments, and that the details and circumstances of all eleases the Commonwealth from further claims related to thes	obligations under this Contract se obligations.
amended, provided that the terms of this Contract and	terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this date	unless the Contract is properly
completing any negotiated terms and warranties, to allo	wany close out or transition perfo	32 , with no new obligations being incurred after this date obligations shall survive its termination for the purpose of re- ormance, reporting, invoicing or final payments, or during any learning.	solving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other to	nennant-Karata III. II	any large reporting, invoicing or linal payments, or during any	lapse between amendments.
Amendment has been executed by an authorized signal	atory of the Contractor, the Depar	"Effective Date" of this Contract or Amendment shall be the tment, or a later Contract or Amendment Start Date specified	e latest date that this Contract or
approvals. The Contractor certifies that they have acces	sed and reviewed all documents in	tment, or a later Contract or Amendment Start Date specified accorporated by reference as electronically published and the Contract of the pains and papelties of positive and fact.	d above, subject to any required
upon request to support compliance, and agrees that all	I torms	the pains and penalties of perjury, and further agrees to pro	vide any required documentation
herein according to the following hierarchy of document	t ====================================	and doing business in Massachusetts are attach	ned or incorporated by reference
Instructions and Contractor Certifications, the Popular	for Donner (DED)	The standard Contract Fo	rm, the Standard Contract Form
made using the process outlined in 801 CMR 21 07 inc	I that additional negotiated terms v	licitation, the Contractor's Response (excluding any language will take precedence over the relevant terms in the RFR and the second of the RFR of Response terms are will be the RFR and the second of the RFR of Response terms are will be the RFR and the second of the RFR of Response terms are will be the RFR of RF	he Contractor's Response only if
Contract.	,,	will take precedence over the relevant terms in the RFR and the sy amended RFR or Response terms result in best value, lowe	er costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR	R· .	AUTHORIZING SIGNATURE FOR THE COMMONWEALT	
X: block of the	2/17/22	v. 1/10/1 9 1/	0/6/27
(Signature and Date Must Be Captured At	Time of Signature)	(Signature and Date Must Be Captured At Ti	717100
Print Name: Joseph J. Danelo	Little of	Print Name: Bellmus	ime of Signature)
Print Title: Town manager		Print Title: Muchy of Contracts an	Marchay
V		((((((((((((((((((((FINE

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

COMTRACTOR LEGAL NAME: TOWN OF HAMPDEN (and diblos): Capital address; (W-9, W-4): 625 MAIN ST, HAMPDEN, MA 01036-9000 Business Mailing Address; (If different): EMail: coa@hampdenma.gov Fax: Contract Manager: REBECCA MORIARTY Phone: 413-566-5588 Billing Address (If different): EMail: coa@hampdenma.gov Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contractor Vendor Code: VC6000191815 EMail: coa@hampdenma.gov Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contractor Vendor Code: VC6000191815 EMail: stacey.cocnnell@mass.gov Fax: 617-727-9368 MMARS Doc ID(s): 02082200000000000000000000000000000000		
Legal Address: (W-9, W-4): 625 MAIN ST, HAMPDEN, MA 01036-9000 Contract Manager: REBECCA MORIARTY Phone: 413-566-5588 Billing Address (if different): Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 MMARS Doc ID(s): 202822000000000000000000007 RFR/Procurement or Other ID Number: MGL c. 40 s. 8B X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach CSD 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 following Commonwealth Terms and Conditions For Human and Soc Services Commonwealth IT Terms and Conditions for Human and Soc Services Commonwealth IT Terms and Conditions for other non-appropriated funds, subject to intercept for Commonwealth weed debts under 815 CMR 9.00. Maximum Obligation Contract. (Na Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any obades to scope or budget (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. (Na Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any obades being amended.). PROMPT PAYMENT DISCOUNTS (
Contract Manager: REBECCA MORIARTY		
E-Mail: coa@hampdenma.gov Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419 Contractor Vendor Code VC6000191815 E-Mail: Stacey.oconnell@mass.gov Fax: 617-727-9368 Vendor Code Address ID (e.g. "AD001"): AD 001 MMARS Doc ID(s): 02082200000000000000000000000000000000		
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.) MMARS Doc ID(s): 020822000000000000007 RFR/Procurement or Other ID Number: MGL c. 40 s. 8B X NEW CONTRACT		
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.) X NEW CONTRACT		
RFR/Procurement or Other ID Number: MGL c. 40 s. 8B 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 Employee (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions of Commonwealth Terms and Conditions (Check ONE option): Commonwealth Terms and Conditions (Commonwealth Terms and Conditions Services Commonwealth Terms and Conditions or authorized performance accepted in accordance with the terms of this Contract will be state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth word 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.). PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must a PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle _statutory/legal or Ready Payments (M.G.L. c. 29, 8 23A); _only initia (subsequent payments scheduled to support standard EFT 45 days from invoice receipt. Contractors requesting accelerated payments must even be standard 45 day cycle _statutory/legal or Ready Payments (M.G.L. c. 29, 8 23A); _only initia (subsequent payments scheduled to support standard EFT 45 day payment or vice. See Prompt Pay Discounts policy.) B		
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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 July 1, 20 21, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this		
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HANCOCK (and d/b/a): COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affair MMARS Department Code: ELD		Office of Elder Affairs	
Legal Address: (W-9, W-4): 3650 HANCOCK ROAD,	HANCOCK, MA 01237-1097	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARGARET FENANDER	Phone: 413-738-5225	Billing Address (if different):	
E-Mail: ironkettle@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191816		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	B
_X NEW CONTRA	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		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 dAmendment to Date, Scope or Budget (Attach update)	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F	gency, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
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		actor certify for this Contract, or Contract Amendment, that	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date. _T and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	ve Date.
X 3. were incurred as of July 1, 20 21, a date are authorized to be made either as settlement p	e PRIOR to the Effective Date below payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	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	all terminate as of <u>June 30</u> , 20 and performance expectations and	32 with no new obligations being incurred after this obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	date 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 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 under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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 contractor and the Contractor's Response terms result in best value, lower costs, or a more cost effect of the Contract of Standard Contractor's Response terms result in best value, lower costs, or a more cost effect of the Contract of Standard Contractor's Response terms result in best value, lower costs, or a more cost effect of the Contractor of Standard Contractor's Response terms result in best value, lower costs, or a more cost effect of the Contractor of Standard Contractor's Response terms result in best value, lower costs, or a more cost effect of the Contractor of Standard Contractor of the Contractor of the Contractor of the Contractor of the Contractor			ified above, subject to any required to contractor makes all certifications provide any required documentation tached or incorporated by reference Form, the Standard Contract Form guage stricken by a Department as not the Contractor's Response only if lower costs, or a more cost effective
x: Show I Chest.	Date: 6/6/2022	X: D D D	ate: 6/17/22.
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
# Uring Blomas Diff- 12 100 / 1 61 111. (2) (1.14	- V	Frint Name: William III E. M. I. M. I. W.	

KS

Print Title: CHAIR SELECTMEN.

Print Title: Place of Contracts and Acountry



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	ss.gov/iists/osd-iornis.			
CONTRACTOR LEGAL NAME: TOWN OF HANOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 550 HANOVER ST, HAN	IOVER, MA 02339-2242	Business Mailing Address: 1 Ashburton PI, Boston M.	A 02108	
Contract Manager: TAMMY MURRAY	Phone: 781-924-1913	Billing Address (if different):		
E-Mail: coa@hanover-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191817	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .	20	MMARS Doc ID(s): 020822000000000007		
(Note: The Address ID must be set up for EFT payr	No. 1998	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRA	ACT	CONTRACT AMENDA	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
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Emergency Contract (Attach justification for eme	ergency, scope, budget)	Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just	ification, scope and budget)	scope and budget)		
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ANTICIPATED START DATE: (Complete ONE opti	on only) The Department and Conti	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (lates)	t signature date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.	n Date	
2. may be incurred as of, 20, a date L	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective ow, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement	payments or as authorized reimbur	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	0.32, with no new obligations being incurred after this di obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
Amendment has been executed by an authorized si approvals. The Contractor certifies that they have ac required under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of document instructions and Contractor Certifications, the Requirescentable, and additional negotiated terms, proving the contractor of t	ignatory of the Contractor, the Depicessed and reviewed all documents ons and Contractor Certifications unit all terms governing performance or nent precedence, the applicable Couest for Response (RFR) or other ided that additional negotiated term incorporated herein, provided that	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date species incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to profit this Contract and doing business in Massachusetts are almomonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang is will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, to a superior of the commonwealth of the commonwealth of the commonwealth of the commonwealth of the contractor's Response (excluding any lang is will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, to a superior of the commonwealth of the c	fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	



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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
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CONTRACTOR LEGAL NAME: TOWN OF HANSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 542 LIBERTY ST, HANS	542 LIBERTY ST, HANSON, MA 02341-1627 Business Mailing Address: 1 Ashburton PI, Boston MA 02108		A 02108	
Contract Manager: MARY COLLINS	Phone: 781-293-2683	Billing Address (if different):		
E-Mail: mcollins@HANSON-MA.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191818		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	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	В	
_X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	The early street at the second of the second	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		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 procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi	ing language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth Te	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 Departr	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriate	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	r <u>815 CMR 9.00</u> .	
X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).		e being amended.)		
		n EFT 45 days from invoice receipt. Contractors requesting a	coelerated navments must identify	
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(subsequent payments scheduled to support standard	NCE or REASON FOR AMENDME	Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
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the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #2.		
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	o Data	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of all obligations under this Contract		
	W was need	releases the Commonwealth from further claims related to the	THE TAX TO SEE THE TA	
		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		
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 sign	gnatory of the Contractor, the Depa	artment, or a later Contract or Amendment Start Date speci	fied above, subject to any required	
		incorporated by reference as electronically published and the		
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documen 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 refe		ached or incorporated by reference		
herein according to the following hierarchy of document precedence, the applicable Cor Instructions and Contractor Certifications, the Request for Response (RFR) or other s				
		solicitation, the Contractor's Response (excluding any lang s will take precedence over the relevant terms in the RFR an		
made using the process outlined in 801 CMR 21.07,		any amended RFR or Response terms result in best value, lo		
Contract.	TOP:	ALITHODIZING SIGNATURE FOR THE COMMONWE	AI TH.	
AUTHORIZING SIGNATURE FOR THE CONTRACT	2 0 0	AUTHORIZING SIGNATURE FOR THE COMMONWE	2/0/20	
X: (Signature and Date Must Be Captured	Date: 3-2-22	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name: Lisa Oveen	At time of orginature)	The Marie		
Print Title: Jown Admissiste	ation	Print Title: Diweller of contrats um	According	
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Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
		COMMONWEALTH DEPARTMENT NAME: Executive MMARS Department Code: ELD	Office of Elder Affairs
Legal Address: (W-9, W-4): PO BOX 575, GILBERTV	'ILLE. MA 01031-0575	Business Mailing Address: 1 Ashburton PI, Boston	MA 02108
Contract Manager: EILEEN CLARKSON	Phone: 413-477-6197	Billing Address (if different):	
E-Mail: coa@townofbarre.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191819		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 payments.) RFR/Procurement or Other ID Number: MGL c. 40 s. 8B		8B	
_X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	OTHER PROPERTY CONTRACTOR OF THE PARTY.	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Cont	ated scope and budget)
Emergency Contract (Attach justification for emer	rgency, scope, budget)	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	anguage/justification and updated
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	
into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions docume erms and Conditions X Commonwealth Terms and Conditions	ditions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. 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).		der <u>815 CMR 9.00</u> . are being amended.)	
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ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that	t Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	nations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	y and <u>no</u> obligations have been incurred <u>prior</u> to the Effect	ive Date.
are authorized to be made either as settlement of	payments or as authorized reimburg	w, and the parties agree that payments for any obligations sement payments, and that the details and circumstances or releases the Commonwealth from further claims related to	of all obligations under this Contract
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20 and performance expectations and	0.32, with no new obligations being incurred after this obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during the content of the purpose of the content of th	date unless the Contract is properly of resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any recapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost efficient.			sciffed above, subject to any required the Contractor makes all certifications o provide any required documentation attached or incorporated by reference ct Form, the Standard Contract Form nguage stricken by a Department as and the Contractor's Response only if , lower costs, or a more cost effective
AUTHORÍZING SIGNATURE FOR THE CONTRACT X: (Signature and Date Must Be Captured Print Name: X C V C (1) C	. Date: 2/10/2022	X:	2/1/20

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Forms are also posted at OSD Forms: https://www.ma	ass, gov/lists/osu-lonns,			
CONTRACTOR LEGAL NAME: TOWN OF HARWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD.		
Legal Address: (W-9, W-4): 732 MAIN ST, HARWIG	CH, MA 02645-2717	Business Mailing Address: 1 Ashburton Pl, Boston MA 02108		
Contract Manager: EMILY MITCHELL	Phone: 508-430-7550	Billing Address (if différent):		
E-Mail: emitchell@town.harwich.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191822		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	a.	
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s	.8B	
X NEW CONTR	ACT	CONTRACT AMEN		
PROCUREMENT OR EXCEPTION TYPE: (Check Statewide Contract (OSD or an OSD designate Collective Purchase (Attach OSD approval, scc Department Procurement (includes all Grants Notice or RFR, and Response or other procure Emergency Contract (Attach justification for em Contract Employee (Attach Employment Status X Other Procurement Exception (Attach author specific exemption or earmark, and exception just	TYPE: (Check one option only) OSD designated Department) OSD approval, scope, budget) Index all Grants - 815 CMR 2.00) (Solicitation or other procurement supporting documentation) Stification for emergency, scope, budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) In (Attach authorizing language, legislation with		:, 20 details of amendment changes.) lated scope and budget) tract and updated scope/budget) r budget)	
The Standard Contract Form Instructions and C	ontractor Certifications and the fo k ONE oplion): <u>Commonwealth T</u>	llowing Commonwealth Teims and Conditions documerms and Conditions X Commonwealth Terms and Cor	ent are incorporated by reference dillons For Human and Social	
COMPENSATION: (Check ONE option): The Depa in the state accounting system by sufficient appropr X. Rate Contract. (No Maximum Obligation). Atta	lations or other non-appropriated fun ich details of all rates, units, calculati	thorized performance accepted in accordance with the terr ids, subject to intercept for Commonwealth owed debts un ions, conditions or terms and any changes if rates or terms this contract (or new total if Contract is being amended).	der <u>815 CMR 9.00</u> ; are being amended.)	
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amended, provided that the terms of this Contract completing any negotiated terms and warrantles, to	and performance expectations and allow any close out or transition per	0.32 with no new obligations being incurred after this obligations shall survive its termination for the purpose formance, reporting, invoicing or final payments, or during	of resolving any claim or dispute, for any lapse between amendments.	
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: 3/14/2022 (Signature and Date Must Be Captured At Time of Signature) Print Name: Michael Wachstell Print Title: Cha(V) (V) (V) Board of Sclectiven			Date: 4/6/22. 1 At Time of Signature) Allowithing	



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Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF HATFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 59 MAIN ST, HATFIELD, MA 01038-9702 Business Mailing Address: 1 Ashburton PI, Boston MA 0210		A 02108		
Contract Manager: GERALYN RODGERS	Phone: 413-247-9003	Billing Address (if different):		
E-Mail: coadirector@tpwmofhatfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191823		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
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Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justification)		 Other Procurement Exception (Attach authorizing lan- scope and budget) 	guage/justification and updated	
	The same of the sa	lowing Commonwealth Terms and Conditions document	are incorporated by reference	
	ONE option):Commonwealth Telephone	erms and Conditions X Commonwealth Terms and Condit		
		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). \$_		
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				
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
		ations have been incurred prior to the Effective Date.		
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properl amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen 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 unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective ALTH: 319122.	
Print Name: ////////////////////////////////////	DV.	Print Name: 1 Awn Beilmwn Print Title: 1 Weby If (University a	M. HewnHues	

7-11



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 which are incorporated</u>
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.

romis are also posted at OOD Forms. https://www.mass	.gominiologu-loitila.			
CONTRACTOR LEGAL NAME: CITY OF HAVERHILL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 4 SUMMER ST, HAVERH	ILL, MA 01830-5836	Business Mailing Address: 1 Ashburton PI, Boston M.	A 02108	
Contract Manager: MARY CONNOLLY	Phone: 978-374-2388	Billing Address (if different):		
E-Mail: Mconnolly@cityofhaverhill.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192101		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. 88	3	
_X NEW CONTRA	СТ	CONTRACT AMENDA	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		5880		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8)		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)		
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	J 155 M	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or be		
X Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit		
		norized performance accepted in accordance with the terms		
in the state accounting system by sufficient appropriat	ions or other non-appropriated fundations of all rates, units, saleulations	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	815 CMR 9.00.	
		ons, conditions or terms and any changes it rates or terms at this contract (or new total if Contract is being amended). \$ _	e being amenueu.)	
		n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated navments must identify	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard		rrompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
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		ne annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal 0		
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		
the prior obligation for year one is funded in the FY22			V 1 1 1 1 2 2	
		actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
- Barrier - Bar	: 14 Tag : 15 Tag :	ations have been incurred prior to the Effective Date. and no obligations have been incurred prior to the Effective	e Date.	
		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	an terminate as of <u>June 30</u> , 20 nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if				
made using the process outlined in <u>801 CMR 21.07</u> , in Contract.	incorporated nerein, provided that a	any amended RFR or Response terms result in best value, lo		
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWE, 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	ALTH:	
X: Signature and Date Must Be Captured of Print Name: Same From Date Must Be Captured of Print Name: Same Same Same Same Same Same Same Same	Date: 3/10/2022	X: //// // Da	te: 3/22/22	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)	
Print Name: <u>JAMES FIORENTINI</u> Print Title: MAYOR		Print Name:	1 hours blue	
Print Title: MAYOR		Print litie: DINTARA OF (ANDARA) 3 W	WI JULIO VINI VONG	

4-12



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

Iso posted at OSD Forms: https://www.mass.gov/lists/d	osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HAWLEY and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 8 PUDDING HOLLOW RD, HAWLEY, MA 01339-9621		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: VIRGINIA GABERT	Phone: 413-339-5729	Billing Address (if different):	
E-Mail: treasurer@townofhawley.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191824		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. 88	3
X NEW CONTRACT		CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on	.55,550	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	e, budget)	AMENDMENT TYPE: (Check one option only, Attach de	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update	
_ Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or but	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizing)		Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justif		scope and budget)	
		lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms and Condit	
		norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under	
		ons, conditions or terms and any changes if rates or terms are	
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 ac	
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
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the prior obligation for year one is funded in the FY22 ANTICIPATED START DATE: (Complete ONE option		actor certify for this Contract, or Contract Amendment, that C	contract obligations:
1. may be incurred as of the Effective Date (latest			on (manys processor of the processor) and (
		and \underline{no} obligations have been incurred \underline{prior} to the Effective	
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X: (Signature and Date Must Be Captured A	t Time of Signature)	1/1 0 . 1/1.	Time of Signature)
Print Name: Hussain A. Han	-a a	Print Name: RAWOV DETERMINE Print Title: Newboy of Contracts and R	Flow Hus
rincine. Chair B. C. J.		Limit inter brace at 1 (Paris acres but 1	dia. 4()



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Forms are also posted at OSD Forms. https://www.mas	a.gov/iiata/oau-ioi1115.			
CONTRACTOR LEGAL NAME: TOWN OF HEATH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 E MAIN ST, HEATH, N	A 01346-9706	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: VICTORIA BURRINGTON	Phone: 413-337-4934	Billing Address (if different):		
E-Mail:	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191825		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 payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
			etails of amendment changes.) ed scope and budget) ct and updated scope/budget) udget) guage/justification and updated tare incorporated by reference ions For Human and Social of this Contract will be supported	
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Amendment has been executed by an authorized si approvals. The Contractor certifies that they have ac required under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of documents that the contractor Certifications, the Requirements and additional negotiated terms, proving the contractor certifications.	gnatory of the Contractor, the Depacessed and reviewed all documents ans and Contractor Certifications und tall terms governing performance of the applicable Contest for Response (RFR) or other sided that additional negotiated terms incorporated herein, provided that at TOR: Date: 3 1 2 2 3 3 4 3 4 5 3 4 5 3 5 4 5 5 5 5 5 5 5 5	"Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to perfect this Contract and doing business in Massachusetts are att mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, for the AUTHORIZING SIGNATURE FOR THE COMMONWER. X: Signature and Date Must Be, Captured APrint Name: Print Name: Response terms result in Date Must Be, Captured APRINT Name: Response terms result in Date Must Be, Captured APRINT Name: Response terms result in Date Must Be, Captured APRINT Name: Response terms result in Date Must Be, Captured APRINT Name: Response terms result in Date Must Be, Captured APRINT Name:	fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	

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CONTRACTOR LEGAL NAME: TOWN OF HINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 210 CENTRAL ST, HINGHAM, MA 02043-2756		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JENNIFER YOUNG Phone: 781-741-1458		Billing Address (if different):	
E-Mail: youngj@hingham-ma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191826		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	
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_ X NEW CONTRA	ст	CONTRACT AMEND	MENT
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into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth To</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund n details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a	815 CMR 9.00.
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	
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are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	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 it made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:	Date:	X: Da (Signature and Date Mµst Be Captured Al	te: 9/9/06.
Print Name: Ton Mayo	At Time of Signature)	Print Name: NWIN Primm,	. Time of Signature)
Print Title: Town Administrator. Print Title: Divides of Contracts on According			1 Accompted

DELL)

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

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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.	-		
CONTRACTOR LEGAL NAME: TOWN OF HOLBROOK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 50 N FRANKLIN ST, HOLBROOK, MA 02343-1560		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CINDY BRENNAN Phone: 781-767-4617		Billing Address (if different):		
E-Mail: coa@holbrookmassachusetts.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191830		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	
into this Contract and are legally binding: (Check ONE option): <u>Commonwealth T</u> <u>ServicesCommonwealth IT Terms and Conditions</u>		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) Sllowing Commonwealth Terms and Conditions document are incorporated by reference Terms and ConditionsX Commonwealth Terms and Conditions For Human and Social		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #2.				
1. may be incurred as of the Effective Date (latest2. may be incurred as of, 20, a date LAX_3. were incurred as of, 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 a PRIOR to the Effective Date below ayments or as authorized reimburs	ractor certify for this Contract, or Contract Amendment, that 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 sement payments, and that the details and circumstances releases the Commonwealth from further claims related to	tive Date. s incurred prior to the Effective Date of 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 nd 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 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.	
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:			Date: <u>5/4/2 2</u> . 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 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.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF HOLDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1204 MAIN ST, HOLDEN, MA 01520-1016		Business Mailing Address: 1 Ashburton Pl, Boston M	A 02108
Contract Manager: LOUISE CHARBONNEAU	Phone: 508-210-5570	Billing Address (if different):	
E-Mail: louisec@holdenma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191831		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. 88	B
_X NEW CONTRAC	СТ	CONTRACT AMENDA	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		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 - 8:		AMENDMENT TYPE: (Check one option only. Attach de	AND THE SOURCE OF THE SOURCE O
Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency Contract (Attach justification for emergency Contract Status 5		Contract Employee (Attach any updates to scope or be	
Contract Employee (Attach Employment Status For X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach Employment Exception (Attac		Other Procurement Exception (Attach authorizing land	
specific exemption or earmark, and exception justifi	cation, scope and budget)	scope and budget)	
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	horized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	815 CMR 9.00
Maximum Obligation Contract. Enter total maxin	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$_	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA at MGL provide social and support services to older adul census data, at a current rate of \$12 per person. This	nd other sources. The activity perfo ts, 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 intent 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
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	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 w, and the parties agree that payments for any obligations in	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	ement payments, and that the details and circumstances of a	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 ar	nd 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	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 certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			
(Signature and Date Must Be Captured At Time of Signature) Print Name: Pest M Luket Print Title: Town Manager (Signature and Date Must Be Captured At Time of Signature) Print Title: Willow of Contracts and Accounting			Helvultuy



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CONTRACTOR LEGAL NAME: TOWN OF HOLLAN	D	No. 51 American September 2015		
(and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 27 STURBRIDGE RD, HOLLAND, MA 01521-3150		Business Mailing Address: 1 Ashburton Pl, Boston MA 02108		
Contract Manager: Brenda Palmer	Phone: 413-245-3163	Billing Address (if different):		
E-Mail: communitycenter@hollandma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191833		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	1 dx. 017-727-9300	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
X NEW CONTRA	CT			
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated I	Department)	Enter Amendment Amount: \$ (or "no change")	, 20	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	b, budget)	AMENDMENT TYPE: (Check one option only. Attach de	tails of amendment changes \	
Notice of 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 emergence	gency scope hudget)	Interim Contract (Attach justification for Interim Contract	ct and updated scope/budget)	
Contract Employee (Attach Employment Status Fo _X_ Other Procurement Exception (Attach authorizin	ng language legislation with	Contract Employee (Attach any updates to scope or bu	idget)	
specific exemption or earmark, and exception justific	cation, scope and hudget)	 Other Procurement Exception (Attach authorizing lang scope and budget) 		
The Standard Contract Form Instructions and Continto this Contract and are levelly by	ractor Certifications and the fol	llowing Commonwealth Terms and Conditions document	are incorporated by reference	
Services Commonwealth IT Terms and Conditions	NE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions document	ons For Human and Social	
COMPENSATION: (Check ONF ontion): The Department	ent cortifies that normants for a ut			
in the state accounting system by sufficient appropriation	ons or other non-appropriated fund	norized performance accepted in accordance with the terms or ds, subject to intercept for Commonwealth owed debts under	f this Contract will be supported	
			being amended.)	
5 - Torreson Eritor total maximi	uni obligation for total duration of	this contract (or new total if Contract is being amended).		
a PPD as follows: Payment issued within 10 days	alth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting act	celerated payments must identify	
% PPD. If PPD percentages are left blank identify r	occop: V cares to standard AF	y days 70 1 1 D, Fayment issued within 20 days % PPD	; Payment issued within 30 days	
(subsequent payments scheduled to support standard E	FT 45 day payment cycle. See P	rompt Pay Discounts Policy.)	9. § 23A); only initial payment	
Commonwealth authorized through the annual GAA and	CE or REASON FOR AMENDME	NT: 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 serenium. The	armance period for year one of this contract is 7/1/2021-6/30/2	022. The COAs established by	
census data, at a current rate of \$12 per person. This co	ontract will cover any rate adjustm	e annual award is determined by the number of elders per mulent or increase during the 10-year period. Each municipal CC	Inicipality as per the most recent A will complete an appual fiscal	
the prior obligation for year one is funded in the FY22 av	ward. The deadline to submit the	signed contract is 6/20/22 MA #0	agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contra	ctor cortify for this Contract as Contract	short str. P	
ind be incurred as of , zu _ , a gate LATE	R than the Effective Date below	and no obligations by the state of the state	Pate.	
are authorized to be made either as settlement pay	ments or as authorized reimburge	, and the parties agree that payments for any obligations incu	rred prior to the Effective Date	
are attached and incorporated into this Contract. A	cceptance of payments forever re	eleases the Commonwealth from further claims related to the	obligations under this Contract	
On the Line DATE. Confide negotiannance chall t	orminate as of live - as as	20		
amended, provided that the terms of this Contract and completing any negotiated terms and warranties to allow	performance expectations and o	32 , with no new obligations being incurred after this date bligations shall survive its termination for the purpose of resumance reporting invoicing or final payments.	olving any claim or dispute for	
	,	mando, reporting, involcting of infal havinging or diffing any is	anco hotwoon omender	
Amendment has been executed by an authorized signal	resentations by the parties, the "	'Effective Date" of this Contract or Amendment shall be the	latest date that this Contract or	
approvals. The Contractor certifies that they have access	od and reviewed all d	amont, or a later contract of Amendment Start Date specified	above, subject to any required	
equired under the Standard Contract Form Instructions a	approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification 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 are to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions that the Contract and the Contract and the Contract and the Contract are attached or incorporated by reference or the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions this Contract are attached or incorporated by reference or the Contract and the Contract and the Contract are attached or incorporated by reference or the Contract and the Contract and the Contract are attached or incorporated by reference or the Contract and the Contract and the Contract and the Contract are attached or incorporated by reference are attached and attached are attached at			
nerein according to the following hierarchy of document procedures the analysis to the		and doing business in Massachusetts are attach	ed or incorporated by reference	
nstructions and Contractor Certifications, the Request for Response (RFR) or other solic inacceptable, and additional negotiated terms, provided that additional negotiated terms, with the contract of the c		norwealth refins and Conditions, this Standard Contract For	m, the Standard Contract Form	
inacceptable, and additional negotiated terms, provided that additional negotiated terms will nade using the process outlined in 801 CMR 21.07, incorporated herein, provided that any		ill take precedence over the relevant terms in the RFR and the	e Contractor's Response only if	
contract. Contract in the strain and			costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR		AUTHORIZING SIGNATURE FOR THE COMMONWEALT	н.	
acy hout . De	ate: 6-16-22			
(Signature and Date Must Be Captured At T	ime of Signature)	X: Date: (Signature and Date Must Be Captured At Tir	ne of Signature)	
rint Name: U Stacy Stave	7 /	Print Name: Privin Britmus		
rint Title: Town Haministra	≥bv r	Print Title: Director of Contracts and	Accounting	

H.D



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Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HOLLISTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a): Legal Address: (W-9, W-4): 703 WASHINGTON ST, HOLLISTON, MA 01746-2168		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LISA BORCHETTA	Phone: 508-429-0622	Billing Address (if different):	
	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: borchettal@holliston.k12.ma.us	rax:		Fax: 617-727-9368
Contractor Vendor Code: VC6000191834		E-Mail: Stacey.oconnell@mass.gov	Fax: 017-127-9300
Vendor Code Address ID (e.g. "AD001"): AD 001.	onte \	MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
_X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only, Attach de	** and the second of the second
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8)		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme		Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b	udget)
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justif		scope and budget)	
into this Contract and are legally binding: (Check C	ONE option): Commonwealth T	Ilowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	t are incorporated by reference tions For Human and Social
Services Commonwealth IT Terms and Conditions			
compensation: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under	of this Contract will be supported r 815 CMR 9 00
		ons, conditions or terms and any changes if rates or terms at	
Maximum Obligation Contract. Enter total maxir	num obligation for total duration of	this contract (or \textit{new} total if Contract is being amended). $\$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal			
report describing how these grant funds were applied	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	nis agreement and the amount of
the prior obligation for year one is funded in the FY22		ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		pations have been incurred <u>prior</u> to the Effective Date.	zontado obligationo.
	TER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
X 3. were incurred as of July 1, 2021, a date are authorized to be made either as settlement of	e PRIOR to the Effective Date belo payments or as authorized reimburs	ow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 <u>32</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
Amendment has been executed by an authorized signing 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 documents instructions and Contractor Certifications, the Requestion of the standard description of of the s	gnatory of the Contractor, the Departments and Contractor Certifications until all terms governing performance cent precedence, the applicable Coest for Response (RFR) or other added that additional negotiated terms incorporated herein, provided that a COR:	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date specisincorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to possible this Contract and doing business in Massachusetts are attered mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang is will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, for the AUTHORIZING SIGNATURE FOR THE COMMONWEATS. AUTHORIZING SIGNATURE FOR THE COMMONWEATS. (Signature and Date Must Be Captured A	ified above, subject to any required e Contractor makes all certifications provide any required documentation tached or incorporated by reference Form, the Standard Contract Form the Standard Contract Form the Contractor's Response only if ower costs, or a more cost effective ALTH:
Print Name: TRANS AHERN		Drint Name: 1/2 seek a Prof May was	
Print Title: TOWN ADMINISTRATOR. Print Title: NWW AF WAVNIS MI MINISTRATOR.			A Acaralan



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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.macomptroller.org/forms.

orms are also posted at OSD Forms: https://www.mas	s.gov/iists/osu-ioiiiis.		
CONTRACTOR LEGAL NAME: CITY OF HOLYOKE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 536 DWIGHT ST, HOLYOKE, MA 01040-5019		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: NAVAE RODRIGUEZ	Phone: 413-322-5625	Billing Address (if different):	
E-Mail: rodriguezn@holyoke.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192102		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. 88	3
_X NEW CONTRA	СТ	CONTRACT AMENDA	/ENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	St. 1990A	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or be	
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorize	ng language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
into this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	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 <i>new</i> total if Contract is being amended). \$			
		h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a DDD as follows: Payment issued within 10 days	% PPD: Payment issued within 1:	5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	D; Payment issued within 30 days
(subsequent payments scheduled to support standard	d EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	358
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu	and other sources. The activity perf ilts, their families and caregivers. T contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per iment or increase during the 10-year period. Each municipal (prior to the latest signature date are intended to be part of the signed contract is 6/30/22, MA #2.	municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1, may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.	
2 may be incurred as of . 20 . a date L/	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement are attached and incorporated into this Contract	payments or as authorized reimbure . Acceptance of payments forever	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	nese obligations.
CONTRACT END DATE: Contract performance shamended, provided that the terms of this Contract completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and allow any close out or transition per	0.32, with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	ate 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			
Print Title: Divictor 1 - Contracts and Accounting		Print Title: VIVICION I - (IN TVACIS TAM	MICHOUNT



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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.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.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF HOPEDALE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 78 HOPEDALE ST, HOPEDALE, MA 01747-1742		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CAROLE MULLEN Phone: 508-634-2208		Billing Address (if different):		
E-Mail: hopedalecoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191835		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	5	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 81	В	
_X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	and the second s	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach do		
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	ed scope and budget)	
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	ng 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 ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth Te	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient approprial 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 terms its, subject to intercept for Commonwealth owed debts underens, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> . re being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commons	wealth payments are issued through _% PPD; Payment issued within 15 y reason: _X_agree to standard 45	EFT 45 days from invoice receipt. Contractors requesting a 6 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	ccelerated payments must identify PD; 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 AMENDME and other sources. The activity perfo- ilts, their families and caregivers. The contract will cover any rate adjustra. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and 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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations in	e Date.	
are authorized to be made either as settlement of	payments or as authorized reimburs	ement payments, and that the details and circumstances of	all obligations under this Contract	
CONTRACT END DATE: Contract performance sha	are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Title: Town Administrat	0/ .	Print Title: Diviller of lowboars will		



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
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Forms are also posted at OSD Forms: https://www.mass		una compagno con el 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1		
CONTRACTOR LEGAL NAME: TOWN OF HOPKINTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 18 MAIN ST, HOPKINTO	N, MA 01748-3209	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMY BECK	Phone: 508-497-9730	Billing Address (if different):		
E-Mail: abeck@hopkintonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191836		E-Mail: <u>Stacey.oconnell@mass.gov</u>	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)		Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be	, 20 ") letails of amendment changes.) ted scope and budget) act and updated scope/budget)	
Contract Employee (Attach Employment Status F Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif	ng language, legislation with	 Other Procurement Exception (Attach authorizing lar scope and budget) 	nguage/justification and updated	
The Standard Contract Form Instructions and Con	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	it are incorporated by reference itions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$	er <u>815 CMR 9.00</u> . are being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #2.				
		actor certify for this Contract, or Contract Amendment, that	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	/e Date	
_X_3. were incurred as of _July 1_, 20_21, a date are authorized to be made either as settlement p	e PRIOR to the Effective Date belo eayments or as authorized reimburs	w, and the parties agree that payments for any obligations i sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to t	ncurred prior to the Effective Date fall obligations under this Contract	
CONTRACT END DATE: Contract performance shall terminate as of				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Name: NORMAN KHUMALO. Print Title: TOWN MANAGER. Print Title: Niwlar of Contracts and Viccounting		1 Hecovathus		



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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.macomptroller.org/forms.
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CONTRACTOR LEGAL NAME: TOWN OF HUBBARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 7 MAIN ST, HUBBARDSTON, MA 01452-1437		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CLAUDIA R. PROVENCAL	Phone: 978-928-1400	Billing Address (if different):	
E-Mail: coa@hubbardstonma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191838	A455.000	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. 88	2
_X NEW CONTRAC	CT	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on	5000	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I	The second of th	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 - 81 Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Fo		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing language)	
X Other Procurement Exception (Attach authorizin specific exemption or earmark, and exception justifi		scope and budget)	guage/justilication and updated
The Standard Contract Form Instructions and Con-	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social
Services Commonwealth IT Terms and Conditions	04 105 W. 284		
		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	
		this contract (or new total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Commonw	ealth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting ac	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15	days % PPD; Payment issued within 20 days % PPD; 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. 2	29, § 23A); only initial payment
		ENT: This 10-year contract will cover grant funds to municipa	Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA ar	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 th	
the prior obligation for year one is funded in the FY22			
1. may be incurred as of the Effective Date (latest s		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
	, , , , , ,	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date
		w, and the parties agree that payments for any obligations inc	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	ement payments, and that the details and circumstances of a	all obligations under this Contract
		releases the Commonwealth from further claims related to the	And the second s
CONTRACT END DATE: Contract performance shall amended provided that the terms of this Contract are	I terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r	te unless the Contract is properly
		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.	Contract.		
AUTHORIZING SIGNATURE FOR THE CONTRACTO	DR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
X: Dais Glym Milon. (Signature and Date Must Be Captured A		X:	e: <u>9/9/7/2</u> . Time of Signature)
Print Name: DAVI & NIKON		Print Name: Warin Beilmun	∴ Λ
Print Name: David G. Nikon. Print Title: Action Town Administration		Print Title: 1 PW 1/6 / CON WAITS AND	ALLUNAMA

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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorpared
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	s.gov/lists/osa-forms.			
CONTRACTOR LEGAL NAME: TOWN OF HUDSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 78 MAIN ST, HUDSON, MA 01749-2180		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANICE LONG Phone: 978-568-9638		Billing Address (if different):		
E-Mail: jlong@townofhudson.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191839		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 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	Department)	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	, budget) 15 CMR 2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	en film not a men and the second film for any film the film of the second secon	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Formatter)		Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justific		scope and budget)	t and the community of the materials	
The Standard Contract Form Instructions and Contract this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	Practor Certifications and the follows:Commonwealth Tellows	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriati	ons or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	r <u>815 CMR 9.00</u> , re being amended.)	
		this contract (or <i>new</i> total if Contract is being amended). \$_		
a PPD as follows: Payment issued within 10 days % PPD. If PPD percentages are left blank, identify	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMAI Commonwealth authorized through the annual GAA at MGL provide social and support services to older adul census data, at a current rate of \$12 per person. This	NCE or REASON FOR AMENDME nd other sources. The activity perfo its, their families and caregivers. The contract will cover any rate adjustry All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipe ormance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per in nent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the prior to the latest signature date are intended to be part of the	//2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1, may be incurred as of the Effective Date (latest s	signature date below) and no obligation	ations have been incurred prior to the Effective Date.	Dete	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in	e Date.	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	ement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract ar	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:				



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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-contract forms by 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 HULL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 253 ATLANTIC AVE, HULL, MA 02045-3215		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: LISA THORTON Phone: 781-925-1239		Billing Address (if different):			
E-Mail: Ithornton@town.hull.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191840		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. 88	3		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)		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)			
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justilication and updated		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check (Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Departm in the state accounting system by sufficient approprial	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 reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _XCommonwealth Terms and Conditions For Human and SocialServicesCommonwealth 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 maxin	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data at a current rate of \$12 per person. This	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	D-1-		
X 3. were incurred as of July 1, 20 21, a date	e PRIOR to the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this deaphigations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Date: Signature and Date Must Be Captured At Time of Signature) Print Name: Print Name: Date: Date: Signature and Date Must Be Captured At Time of Signature)					
Print Name: Print Title: Print Title:		Print Name: Warry Dei twows Print Title: Divector of Indivects 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.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: TOWN OF HUNTINGTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
(and d/b/a):		MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 24 RUSSELL RD, HUNTINGTON, MA 01050-9776		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: KATHLEEN P. PETERSON	Phone: 413-512-5205	Billing Address (if different):			
E-Mail: coa@huntingtonma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191842		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 payments.)		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B			
X NEW CONTRACT		CONTRACT AMENDMENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)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 Prior to Amendment:, 20			
		Enter Amendment Amount: \$ (or "no change")			
		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)			
		Amendment to Date, Scope or Budget (Attach updated scope and budget)Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
		Contract Employee (Attach any updates to scope or budget)			
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing language/justification and updated			
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)			
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions _X Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions					
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported		
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.		
		ons, conditions or terms and any changes if rates or terms are	e being amended.)		
Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$					
a PPD as follows: Payment issued within 10 days	vealth payments are issued through % PPD: Payment issued within 1	n EFT 45 days from invoice receipt. Contractors requesting ac 5 days % PPD; Payment issued within 20 days % PPI	celerated payments must identify D: Payment issued within 30 days		
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c. 2			
(subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the					
Commonwealth authorized through the annual GAA a	NCE or REASON FOR AMENDMI nd other sources. The activity perfo	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		
MGL provide social and support services to older adul	ts, their families and caregivers. The	ne annual award is determined by the number of elders per m	nunicipality 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 fisca 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			is agreement and the amount of		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
1. may be incurred as of the Effective Date (latest					
2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.					
X 3. were incurred as of July 1, 20 21, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract					
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly					
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that the latest da					
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	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:		
X: Signature and Date Must Be Captured A	Date: \$114/2027	X: Dat	e: 3/22/22		
(Signature and Date Must Be Captured A	t Time of Signature)	X:	Time of Signature)		
Print Name: tawa a Kenac	ol <u>a</u>	Print Name: Name: Nellman	-i, //.		
Print Title: Selecthos so Chaicago Print Title: Vyylov at Lywon its and Milwhite					

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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.gov/lists/osch-forms.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF IPSWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 25 GREEN ST, IPSWICH, MA 01938-2229		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: SHEILA TAYLOR	Phone: 978-356-6650	Billing Address (if different):	2000 (10 case 10 case)		
E-Mail: coa@ipswich-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191843		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 payments.)		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation		CONTRACT 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.)			
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updated scope and budget)			
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status Fo	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget) _ Contract Employee (Attach any updates to scope or budget)			
X Other Procurement Exception (Attach authorizing	orm, scope, budget) ng language, legislation with	Other Procurement Exception (Attach authorizing la	anguage/justification and undated		
specific exemption or earmark, and exception justifi	ication, scope and budget)	scope and budget)			
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _ X Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions					
	nent certifies that payments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported		
in the state accounting system by sufficient appropriati	ions or other non-appropriated fur	nds, subject to intercent for Commonwealth owed debts und	er 815 CMR 9.00		
X Rate Contract. (No Maximum Obligation) Attach	details of all rates, units, calculati	ions, conditions or terms and any changes if rates or terms :	are being amended.)		
		f 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 throug	h EFT 45 days from invoice receipt. Contractors requesting 5 days % PPD; Payment issued within 20 days % P	accelerated payments must identify		
	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c	PD; Payment issued within 30 days 29, § 23A): only initial payment		
(subsequent payments scheduled to support standard	EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	10 10 50		
Commonwealth authorized through the annual GAA ar	ICE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/3	oal Councils on Aging (COA) of the		
MGL provide social and support services to older adult	ts, their families and caregivers. T	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 (contract will cover any rate adjustr	ment or increase during the 10-year period. Each municipal.	COA will complete an annual fiscal		
the prior obligation for year one is funded in the FY22 a	award. The deadline to submit the	prior to the latest signature date are intended to be part of the signature date are intended to be part of the signed contract is 6/30/22. MA #2.	his 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	Contract obligations:		
1. may be incurred as of the Effective Date (latest s	ignature date below) and no oblig	pations 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 <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, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as of June 30 . 20.32 with no new obligations being incurred after this data unless the Contract is proposite.					
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 periury, 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 COMMONWEA	ALTH: ,		
X: ////////	Date: 3/4/2022		3/22/22		
X: (Signature and Date Must Be Captured At		(Signature and Date Must Be Captured A	t Time of Signature)		
Print Name: Anthony Marino		1/1			
Print Title: Town Manager. Print Title: Weller of Contracts and Wellsworthy					

(U)

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

Tomis are also posted at GOD Tomis. https://www.mass.gov/iists/osd-iomis.						
CONTRACTOR LEGAL NAME: TOWN OF KINGSTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs				
(and d/b/a):		MMARS Department Code: ELD				
Legal Address: (W-9, W-4): 26 bucrywers struct kings for MW 07/19 Contract Manager: PAULA ROSSI-CLAPP Phone: 781-585-0511		Business Mailing Address: 1 Ashburton PI, Boston MA 02108				
E-Mail: prossiclapp@kingstonmass.org		Billing Address (if different):	Db C47 000 7440			
	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419			
Contractor Vendor Code: VC6000191845		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 payments.)		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B				
<u>X</u> NEW CONTRACT		CONTRACT AMENDMENT				
PROCUREMENT OR EXCEPTION TYPE: (Check one 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, scope		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)				
Notice or RFR, and Response or other procureme		Interim Contract (Attach justification for Interim Contract and updated scope/budget)				
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or budget)				
X Other Procurement Exception (Attach authorizi	ing language, legislation with	Other Procurement Exception (Attach authorizing language)	guage/justification and updated			
specific exemption or earmark, and exception justif		scope and budget)				
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _X_Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions						
		horized performance accepted in accordance with the terms of				
	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 maxir	num obligation for total duration of	this contract (or new total if Contract is being amended). \$ _				
PROMPT PAYMENT DISCOUNTS (PPD): Commonw	wealth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting ac	celerated payments must identify			
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PPI	D; Payment issued within 30 days			
% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)						
		ENT: This 10-year contract will cover grant funds to municipa	Councils on Aging (COA) of the			
Commonwealth authorized through the annual GAA a	nd other sources. The activity 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 ment or increase during the 10 year period. Each municipal C				
report describing how these grant funds were applied.	census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of					
the prior obligation for year one is funded in the FY22						
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:			
	1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.					
2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.						
X 3. were incurred as of July 1, 20 21, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract						
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.						
CONTRACT END DATE: Contract performance shall terminate as of, 20_32, with no new obligations being incurred after this date unless the Contract is properly						
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.						
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required						
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications						
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference						
herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form						
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as						
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective						
Contract.						
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
x: XALY . Date: 2/22/22		X: MMG, M Date: 3/9/22				
X: Date:		X:				
Print Name: Gelto Hickell	Print Name: Gelto Hickell .		<i></i> 1			
Print Title: Town Administrator		Print Title: Oran Har de Convads A	Weller Johnson			