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

by reference nerein. Additional non-conflicting terms ma Forms are also posted at OSD Forms: https://www.mas		ciors are required to access published forms at CTTT offis.	tps://www.macomptroller.org/lonns	
CONTRACTOR LEGAL NAME: TOWN OF LAKEVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 346 BEDFORD ST, LAKEVILLE, MA 02347-2150		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: KELLY CONWAY Phone: 508-947-7224		Billing Address (if different):		
E-Mail: lakevillecoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191846		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	CT	CONTRACT AMENDA	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update 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 bu		
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing language)		
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Contracts Commonwealth IT Terms and Conditions	ONE option):Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	norized performance accepted in accordance with the terms of the subject to intercept for Commonwealth owed debts under one, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> . re being amended.)	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15 reason: _X_agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting at 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.) Promot Pay Discounts Policy.)	D; Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMAL Commonwealth authorized through the annual GAA a MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This	(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 optio	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	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	Data	
2. may be incurred as of, 20, a date LA	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	curred prior to the Effective Date	
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	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 da obligations shall survive its termination for the purpose of iomance, 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 therein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only it made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Signature and Date Must Be Captured At Time of Signature)				



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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.maccomptroller.org/forms.
Forms are also posted at OSD 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 LANCASTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 695 MAIN ST, LANCASTER, MA 01523-2245		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ALEXANDRA TURNER Phone: 978-733-1249		Billing Address (if different):		
E-Mail: aturner@lancasterma.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191847		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X NEW CONTRA	СТ	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat	, , ,	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizi	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	gaago/jastinoation and apaated	
into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	horized 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 new total if Contract is being amended). \$_	r 815 CMR 9,00.	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15 reason: _X_agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. trought Pay Discounts Policy)	D: Payment issued within 30 days	
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		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
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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		
are authorized to be made either as settlement pare attached and incorporated into this Contract.	ayments or as authorized reimburs Acceptance of payments forever r	 and the parties agree that payments for any obligations in ement payments, and that the details and circumstances of eleases the Commonwealth from further claims related to the 	all obligations under this Contract 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 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 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 COMMONWEALTH: X: Date: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Name: Print Name: Print Name:				
Print Title: Interin Town 40MINIS MATOR		Print Title: Pinichr It antract, w	Accountry	



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macs.gov/lists/ord-forms.

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF LANESBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 83 S MAIN ST, LANESBOROUGH, MA 01237-9727		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: LORNA GAYLE	Phone: 413-448-2682	Billing Address (if different):		
E-Mail: seniors.director@lanesborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191848		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000007	- Alexander	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d)	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8	e, budget) d15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)	
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	oudget)	
X Other Procurement Exception (Attach authoriz	ing language, legislation with	Other Procurement Exception (Attach authorizing lar	iguage/justification and updated	
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	t are incorporated by reference	
The Standard Contract Form Instructions and Colinto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condi-	tions For Human and Social	
COMPENSATION: (Check ONE antion): The Departs	ment certifies that payments for auth	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropria	tions 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	81 0 10 CIVIN 9.00.	
X Rate Contract. (No Maximum Obligation) Atlact	mum 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	accelerated payments must identify	
- DDD as fellows: Dowment issued within 10 days	% PPD Payment issued within 1	5 days % PPD: Payment issued within 20 days % F	PD, Fayment issued within 50 days	
a PPD as follows: Payment issued within 10 days				
PRINTED PROPRIETION OF CONTRACT REPEORMANCE 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				
assessed at a surrent rate of \$12 per person. This	s contract will cover any rate adjustr	ment or increase during the 10-year period, Each municipal	COA WIII COMPlete an annual nocal	
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 FY2	2 award. The deadline to submit the	e signed contract is 6/30/22. MA #2. ractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
ANTICIPATED START DATE: (Complete ONE option	t signature date below) and no oblic	gations have been incurred prior to the Effective Date.		
2 may be incurred as of	ATER than the Effective Date below	v and no obligations have been incurred prior to the Effecti	ve Date.	
V 2 were incurred as of July 1 20 21 anda	to PRIOR to the Effective Date held	by 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 reimburs t. Acceptance of payments forever	sement payments, and that the details and circumstances o releases the Commonwealth from further claims related to	these obligations.	
CONTRACT END DATE: Contract performance of	call terminate as of June 30 2	with no new obligations being incurred after this	date unless the Contract is properly	
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.				
completing any negotiated terms and warranties, to	allow any close out or transition per	normance, reporting, involcing or final payments, or during a	the letest date that this Contract or	
A	denotory of the Contractor the Lien	e "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date special translation of the second start Date special translations and the second start Date special translations and the second start Date special translations and the second start Date special translations are second start Date special translations and the second start Date special translations are second start Date special translations and the second start Date special translations are second start Date special translations and the second start Date special translations are second start Date special translations and the second start Date special translations are second start Date special translations and the second start Date special translations are second start Date special translations and translations are second start Date special translations are second start Date special translations and translations are second start Date special translations and translations are second start Date special translations are second start Date special translations and translations are second start Date special translations and translations are second start Date special translations are second start Date s	Cilied above, Subject to arry rodance	
The Contractor portifies that they have a	copped and reviewed all documents	s incorporated by reference as electronically published and u	HE COMMECTOR MISTERS OF COMMICATIONS	
approvals. The Contractor Certifies that they have accessed and reviewed all deviewed and replaced in the pains and penalties of perjury, and further agrees to provide any required documentation required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference 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				
Landa according to the following biomachy of docum	Leaving to the following biorgroby of document precedence, the applicable Commonwealth Lems and Conditions, this Standard Conditions, this Standard Conditions, the Standard Conditions in the following biorgroby of document precedence, the applicable Commonwealth Lems and Conditions, this Standard Conditions in the following biorgroby of document precedence the applicable Commonwealth Lems and Conditions.			
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depa 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		iduade atticken by a Department do		
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take process over the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and the relevant terms in the trivial and control of the relevant terms in the trivial and control of the relevant terms in the trivial and the relevant terms in th			lower costs, or a more cost effective	
Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRAC	:TOR: 7-2-200 1	AUTHORIZING SIGNATURE FOR THE COMMONW	3/22/22	
X:(Signature and Date Must Be Captured	. Date:	X:	Date:	
(Signature and Date Must Be Captured	At time of Signature)	Print Name: Warrn bullman	At time of organismo)	
Print Name: Tosh Lay Print Title: Town Administ	catar	Print Title: Diwith of Contracts	and According	
Print little: 1000 (4 0100)		The state of the s		



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Forms are also posted at OSD Forms. https://www.mass	a.govinataroau-tottila.		
CONTRACTOR LEGAL NAME: CITY OF LAWRENCE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a): Legal Address: (W-9, W-4): 200 COMMON ST, LAWRENCE, MA 01840-1517		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARTHA VELEZ	Phone: 978-620-3540	Billing Address (if different):	
10.76	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: mvelez@cityoflawrence.com Contractor Vendor Code: VC6000192104	I ax.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
1940 BCE 507 B		MMARS Doc ID(s): 02082200000000000007	1.20.011.121.0000
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address ID must be set up for EFT paym	nents.)		1
		RFR/Procurement or Other ID Number: MGL c. 40 s. 88	
X NEW CONTRA	DOM AND THE PROPERTY OF THE PR	CONTRACT AMENDMENTER Current Contract End Date <u>Prior</u> to Amendment:	50-0
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Amendment Amount: \$ (or "no change")	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or be	udget)
X Other Procurement Exception (Attach authorizing	ing language, legislation with	Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
specific exemption or earmark, and exception justil			are incornerated by reference
into this Contract and are legally binding: (Check to ServicesCommonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	r <u>815 CMR 9.00</u> .
Maximum Obligation Contract Enter total maxim	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$_	
		h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1:	5 days % PPD: Payment issued within 20 days % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard	LEFT 45 day payment cycle. See F	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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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 of prior to the latest signature date are intended to be part of the	DOA WIII complete an annual fiscal
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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 C	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and $\underline{\mathbf{no}}$ 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	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ow, and the parties agree that payments for any obligations incurred prior to the Effective Date	
X 3. were incurred as of July 1, 20 21, a date	te PRIOR to the Effective Date belo	rement payments, and that the details and circumstances of all obligations under this Contract	
are attached and incorporated into this Contract	. Acceptance of payments forever	releases the Commonwealth from further claims related to the	nese obligations.
CONTRACT END DATE: Contract performance sh	all terminate as of June 30 . 20	. with no new obligations being incurred after this d	ate unless the Contract is properly
amended, provided that the terms of this Contract a	and performance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
. 5 3 5		formance, reporting, invoicing or final payments, or during ar	
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 refe herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract			Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Response (RFR) or other		solicitation, the Contractor's Response (excluding any lang	uage stricken by a Department as
unacceptable, and additional negotiated terms, provided that additional negotiated terms		s will take precedence over the relevant terms in the RFR an	d the Contractor's Response only if
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.			ower costs, or a more cost enective
AUTHORIZING SIGNATURE FOR THE CONTRACT	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X:	Date: 4-21-2012	x: 1/2 /m	ate: 5/4/22
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: Bridn A. De	fend	Print Name: Awan Britman	L
X:			Meldowathing

KH



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.maccomptroller.org/forms.

ullis are also posted at OOD I offis. Intps://www.illas	J. MOTHIOLOTOGE TOTALIO,			
CONTRACTOR LEGAL NAME: TOWN OF LEE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a): Legal Address: (W-9, W-4): 32 MAIN ST, LEE, MA 01238-1612		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PATRICIA DIGRIGOLI	Phone: 413-243-5545	Billing Address (if different):		
E-Mail: coa@town.lee.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191850	JI da.	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 an 017 127 0000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
X NEW CONTRA		CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check or	7.5	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	N 1811 (1988)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update		
_ Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status F _X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	55-y	
Into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Hurnan and Social	
in the state accounting system by sufficient appropria 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): Common a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identif	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.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	and other sources. The activity perf ilts, their families and caregivers. To contract will cover any rate adjust . All approved obligations incurred award. The deadline to submit the		/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal his agreement and the amount of	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred <u>prior</u> to the Effective Date.	n Data	
		ow, 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 reimburg	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:				
Print Title: Diviller of Contract and Accounting				



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 or incorporated by reference herein</u>. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are

also posted at OSD Forms: https://www.mass.gov/lists/o	SU-IOIIIIS.			
CONTRACTOR LEGAL NAME: TOWN OF LEICESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1078 MAIN ST, LEICESTER, MA 01524-1396		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: RACHELLE CLOUTIER Phone: 508-892-7016 Billing Address (if different):				
E-Mail: cloutierr@leicesterma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191851	Marrie (A)	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. 86	3	
X NEW CONTRA	СТ	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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	e, budget)	AMENDMENT TYPE: (Check one option only. Attach do		
	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget) ing language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
specific exemption or earmark, and exception justit	fication, scope and budget)	scope and budget)		
into this Contract and are legally binding: (Check (Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social	
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient approprial X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commons a PPD as follows: Payment issued within 10 days	wealth payments are issued throug % PPD; Payment issued within 1 y reason:X_agree to standard 45 d EFT 45 day payment cycle. See I NCF or REASON FOR AMENDMI	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipals.	D; Payment issued within 30 days 29, § 23A); only initial payment al Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	and other sources. The activity perf ulls, their families and caregivers. T contract will cover any rate adjust I. All approved obligations incurred award. The deadline to submit the	ormance period for year one of this contract is //1/2021-6/30. the annual award is determined by the number of elders per in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #2.	nuncipality as per the most recent COA will complete an annual fiscal is agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred <u>prior</u> to the Effective Date.	a Date	
X 3, were incurred as of July 1, 2021, a dat	e PRIOR to the Effective Date belo	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectivow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
CONTRACT END DATE: Contract performance shamended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and 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 lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:				
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(Updated 7/22/2021) Page 1 of 1



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

Forms are also posted at OSD Forms: https://www.mas	s.govilistsiosu-ioi111s.		
CONTRACTOR LEGAL NAME: TOWN OF LENOX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 6 WALKER ST, LENOX, MA 01240-2741		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DARLENE McCAULEY	Phone: 413-637-5530	Billing Address (if different):	
E-Mail: communitycenter@townoflenox.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191853		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	nents.)	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) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Col	ntractor Certifications and the fol ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Depart in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ment certifies that payments for aut tions or other non-appropriated fun h details of all rates, units, calculati	horized 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 at this contract (or new total if Contract is being amended). \$	1 0 13 CIVILY 3.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must iden a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 day% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial 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 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 fiscential for the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #2.			
ANTICIPATED START DATE: (Complete ONE opti	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
2. may be incurred as of, 20, a date L _X3. were incurred as of, 20, a date authorized to be made either as settlement are attached and incorporated into this Contract	ATER than the Effective Date below te PRIOR to the Effective Date belop payments or as authorized reimbur . Acceptance of payments forever	pations have been incurred prior to the Effective Date. If and no obligations have been incurred prior to the Effective If and the parties agree that payments for any obligations in If a sement payments, and that the details and circumstances of If the commonwealth from further claims related to the	all obligations under this Contract nese obligations.
CONTRACT END DATE: Contract performance shamended, provided that the terms of this Contract completing any negotiated terms and warranties, to	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 Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			
Print Title: hier Administrative officer Print Title: Drucker of Contracts and become they			



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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.macs.gov/lists/oscl-forms.

Forms are also nosted at OSD Forms: https://www.macs.gov/lists/oscl-forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF LEOMINSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 25 WEST ST, LEOMINSTER, MA 01453-5699		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAURANE BROOKS	Phone: 978-534-7511	Billing Address (if different):		
E-Mail: Ibrooks@leominster-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192105		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 CONTRA	СТ	CONTRACT AMENI	DMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no chang	**************************************	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach update)	400 C.	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Cont		
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F.		Contract Employee (Attach any updates to scope or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing la	anguage/justification and updated	
specific exemption or earmark, and exception justification		scope and budget)		
		Ilowing Commonwealth Terms and Conditions docume erms and Conditions X Commonwealth Terms and Cond		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fun details of all rates, units, calculati	horized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms this contract (or new total if Contract is being amended). \$	er <u>815 CMR 9.00</u> . are being amended.)	
a PPD as follows: Payment issued within 10 days	.% PPD; Payment issued within 19 reason: X_agree to standard 45 EFT 45 day payment cycle. See F		PD; Payment issued within 30 days c. 29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA an 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 perfi ts, their families and caregivers. The contract will cover any rate adjustr All approved obligations incurred	ENT: This 10-year contract will cover grant funds to munici ormance period for year one of this contract is 7/1/2021-6/3 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of e signed contract is 6/30/22. MA #2.	80/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
I was a second of the second o		actor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest s		() (a) (a) (a) (a) (a) (a) (a) (a) (a) (- D-L	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti w, and the parties agree that payments for any obligations		
are authorized to be made either as settlement pa	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	f all obligations under this Contract	
***************************************		releases the Commonwealth from further claims related to	AND THE PROPERTY OF THE PARTY O	
amended, provided that the terms of this Contract ar	nd performance expectations and	, with no new obligations being incurred after this obligations shall survive its termination for the purpose o formance, reporting, invoicing or final payments, or during a	f resolving any claim or dispute, for	
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evento (1)182

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF LEVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 9 MONTAGUE RD, LEVERETT, MA 01054-9725		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JUDY RAPHAEL Phone: 413-548-1022 Billing Address (if different):				
E-Mail: Ila@aux.umass.edu; coa@leverett.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191854	· · · · · · · · · · · · · · · · · · ·	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	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	sB	
X_NEW CONTRA		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or	10017	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach o		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	ted scope and budget)	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or to Other Procurement Exception (Attach authorizing language)		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justice)	fication, scope and budget)	scope and budget)	igaagorjaamaanan ana apaana	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check (ntractor Certifications and the fol ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Cond	It are incorporated by reference itions For Human and Social	
Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for aut	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde	of this Contract will be supported er 815 CMR 9.00.	
X_ Rate Contract. (No Maximum Obligation) Attack	h details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms a	are being amended.)	
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	•	
PROMPT PAYMENT DISCOUNTS (PPD): 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	e signed contract is 6/30/22. MA #2. ractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1 may be incurred as of the Effective Date (latest	signature date below) and no oblic	pations have been incurred prior to the Effective Date.	Oditi dol obligationo.	
2, may be incurred as of , 20 , a date LA	ATER than the Effective Date below	and no obligations have been incurred prior to the Effective	/e Date.	
X 3. were incurred as of July 1, 2021, a dat	e PRIOR to the Effective Date belo	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 f all obligations under this Contract	
amended provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this of obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	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: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: Date: 5/10/3. (Signature and Date Must Be Captured At Time of Signature) Print Name: Thomas Hankinson Print Title: Charas See allocate Print Title: Pine Hour (only 15 and Mellowsking)		- T		
Print Title: (Vais, Select	POCA	Print Title: Viveller of Contra 18 8	11/1000011	



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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: TOWN OF LEXINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1625 MASSACHUSETTS AVE, LEXINGTON, MA 02420-		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
3801 Contract Manager: MELISSA INTERESSS	Phone: 781-698-4841	Billing Address (if different):	
E-Mail: minteress@lexingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191856	, 4.0	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ed scope and budget)
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	orm, scope, budget)	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	Ilowing Commonwealth Terms and Conditions documen ferms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	er 815 CMR 9.00.
X_Rate Contract. (No Maximum Obligation) Attack Maximum Obligation Contract. Enter total maximum	mum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	to boiling amortabat.)
	THE RESERVE OF THE PARTY OF THE	h 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 1:	5 days % PPD: Payment issued within 20 days % PF	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Subsequent payments scheduled to support standard	NCE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA	and other sources. The activity perfe	formance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by
MGL provide social and support services to older adu	ults, their families and caregivers, T	he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal	municipality as per the most recent
report describing how these grant funds were applied	. All approved obligations incurred	I prior to the latest signature date are intended to be part of t	his agreement and the amount of
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #2.	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date. v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	/e Date
Y 3 were incurred as of July 1 20 21 a date L/	re PRIOR to the Effective Date below	ow, and the parties agree that payments for any obligations in	ncurred prior to the Effective Date
are authorized to be made either as settlement in	payments or as authorized reimburs	sement payments, and that the details and circumstances of	f all obligations under this Contract
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance sh	all terminate as of <u>June 30</u> , 20	0 32, with no new obligations being incurred after this of obligations shall survive its termination for the purpose of	late unless the Contract is properly
completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during a	ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized si	anatory of the Contractor, the Department	artment, or a later Contract or Amendment Start Date spec	cified above, subject to any required
approvals. The Contractor certifies that they have ac	cessed and reviewed all documents	s incorporated by reference as electronically published and the or the pains and penalties of perjury, and further agrees to	ne Contractor makes all certifications
upon request to support compliance, and agrees that	t all terms governing performance of	of this Contract and doing business in Massachusetts are at	ttached or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Com Instructions and Contractor Certifications, the Request for Response (RFR) or other so		mmonwealth Terms and Conditions, this Standard Contrac	t Form, the Standard Contract Form
Instructions and Contractor Certifications, the Requ	est for Response (RFR) or other a ded that additional negotiated term	solicitation, the Contractor's Response (excluding any langles will take precedence over the relevant terms in the RFR ar	nd the Contractor's Response only if
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Con 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		lower costs, or a more cost effective	
Contract.		AUTHODIZING SIGNATURE FOR THE COMMONIME	CALTU.
AUTHORIZING SIGNATURE FOR THE CONTRACT	10K:	AUTHORIZING SIGNATURE FOR THE COMMONWE	2/2/2
X: XIII Allou (Signature and Date Must Be Capture)	At Time of Signature	X:	At Time of Signature)
Print Name: JAMES MAKE	At Time or Signature)	Print Name: Haven Bolt-man Print Title: Diwit IV 1 (Universe)	
Print Title: TOWN MANAG		Print Title: Diweter 1+ Contracts	my Acar Man
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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
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CONTRACTOR LEGAL NAME: TOWN OF LEYDEN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a): Legal Address: (W-9, W-4): 16 W LEYDEN RD, BERNARDSTON, MA 01337-9737		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: GILDA GALVIS	Phone: 413-773-7932	Billing Address (if different):		
E-Mail: captaingalvis@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191857	T ux.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	1 477 017 127 0000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	1	
		CONTRACT AMENDA		
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) Vother Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and 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) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	tractor Certifications and the fol DNE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriat _X_Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fun details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar this contract (or <i>new</i> 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 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				
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amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of r formance, 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 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: NUMMINTOWALLA Date: 12-19-2:2 (Signature and Date Must Be Captured At Time of Signature) Print Name: William + Select Board. Print Title: CHAIR - Select Board. X:			Time of Signature)	
			1-11	



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Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF LINCOLN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 16 LINCOLN RD, LINCOLN, MA 01773-2009		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
		Billing Address (if different):		
E-Mail: butta@lincoIntown.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191858		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	
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PROCUREMENT OR EXCEPTION TYPE: (Check on	649 00000	Enter Current Contract End Date <u>Prior</u> to Amendment:	PAY TO POTATO	
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Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status For X Other Procurement Exception (Attach authorizing Attach Employment Status For X Other Procurement Exception (Attach Employment Exception (Attach	onn, scope, budger) ng language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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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.	n- Det	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv ow, and the parties agree that payments for any obligations in	re Date.	
are authorized to be made either as settlement of	ayments or as authorized reimbur	w, and the parties agree that payments for any conganous in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to ti	all obligations under this Contract	
CONTRACT END DATE: Contract performance shall terminate as ofJune 30, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured Print Name: Abigail (Abby) Bu	Date: <u>Z/16/207.</u> 2 At Time of Signature)	X: D D D Cignature and Date Must Be Captured A. Print Name: Www. Park May		
Print Title: (64 Divestor		Print Title: Dillor of low rates and	Austrelling FORA	



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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.nov/lists/osd-forms.

Forms are also posted at OSD Forms: https://www.mas			
CONTRACTOR LEGAL NAME: TOWN OF LITTLETON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a): Legal Address: (W-9, W-4): 37 SHATTUCK ST, LITTLETON, MA 01460-1263		MMARS Department Code: ELD	
	Phone: 978-540-2470	Business Mailing Address: 1 Ashburton PI, Boston MA 02108 Billing Address (if different):	
Contract Manager: LIZ TRETIAK	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: Itretiak@littletonma.org	rax;	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Contractor Vendor Code: VC6000191859			FdX. 017-727-9300
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT paym	nante \	MMARS Doc ID(s): 02082200000000000007	
		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
<u>X</u> NEW CONTRA		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Amendment Amount: \$, (or "no change")	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only, Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justit		Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Con	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions documen	t are incorporated by reference
into this Contract and are legally binding: (Check of ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth To	erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social
COMPENSATION: (Check ONE option): The Department	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriat X. Rate Contract. (No Maximum Obligation). Attack	ions or other non-appropriated fund details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	re being amended.)
		this contract (or <i>new</i> total if Contract is being amended). \$ _	A CONTRACTOR OF THE CONTRACTOR
PROMPT PAYMENT DISCOUNTS (PPD): Commony	wealth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PF	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
		ENT: This 10-year contract will cover grant funds to municipal	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by
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report describing how these grant funds were applied	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	nis agreement and the amount of
the prior obligation for year one is funded in the FY22			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
X 3, were incurred as of July 1, 20 21, a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations ir	ncurred prior to the Effective Date
are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract			
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for			
completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or			
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required			
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation			
upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference			
herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as			
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
Children Mark to alocal		10.0/10-	0/1/22
X:		X:	
Print Name: Hathor W HASON I		I seems Dellarges	
Print Title: 10 w Advirestry W Print Title: 10 very 16 lowbass and According			Herovald wy



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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms.

Forms are also posted at OSD Forms. Intps://www.imass	3, <u>gov/iists/05u-i0i1115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF LONGMEADOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 20 WILLIAMS ST, LONGMEADOW, MA 01106-1997		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JAMES LEYDEN	Phone: 413-565-4150	Billing Address (if different):	
E-Mail: ileyden@longmeadow.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191861		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 AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope	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 emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or be	
Contract Employee (Attach Employment Status F- X_ Other Procurement Exception (Attach authorizing)		Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justifi		scope and budget)	, , ,
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated 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 are this contract (or new total if Contract is being amended). \$_	· <u>815 CMR 9.00</u> .
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		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s	signature date below) and <u>no</u> obliga	ations have been incurred <u>prior</u> to the Effective Date.	Dete
, 20, a date LA	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	curred prior to the Effective Date
are authorized to be made either as settlement p	ayments or as authorized reimburs	ement payments, and that the details and circumstances of	all obligations under this Contract
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Print Name: Corrin Meise Mons. Print Name: Hown Beitman Print Title: Assistant Town Manages / Acting TM Print Title: Diwely of Contracts and Hownthy			1 Hewshus
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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
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Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF LOWELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 375 MERRIMACK ST, LOWELL, MA 01852-5909		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
ontract Manager: LILLIAN HARTMAN Phone: 978-970-4131 Billing Address (if different):				
E-Mail: Ihartman@lowellma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192108		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	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X NEW CONTRA	СТ	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget) 15 CMR 2 00) (Solicitation	AMENDMENT TYPE: (Check one option only, Attach details of amendment changes.)		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status F	rgency, scope, budget)			
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justing	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Corinto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a	er <u>815 CMR 9.00</u> .	
		this contract (or <i>new</i> total if Contract is 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 (Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.		
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv w, and the parties agree that payments for any obligations in	e Date.	
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X:				



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Tomis are also posted at OOD Tomis. https://www.mass	3.907/11313/030-1011113.		
CONTRACTOR LEGAL NAME: TOWN OF LUDLOW		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a): Legal Address: (W-9, W-4): 488 CHAPIN ST, LUDLOW, MA 01056-2523		MMARS Department Code: ELD	
Contract Manager: JODI ZEPKE	Phone: 413-583-3564	Business Mailing Address: 1 Ashburton PI, Boston MA 02108 Billing Address (if different):	
E-Mail: jzepke@ludlow.ma.us	Fax:		Phone: 617-222-7419
Contractor Vendor Code: VC6000191862	гах.	Contract Manager: Stacey Anne O'Connell	
		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001 .</u> (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. 88	
X NEW CONTRAC		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	. 4	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change")	
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X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing lang	guage/justification and updated
specific exemption or earmark, and exception justifi		scope and budget)	
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
		norized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under	
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
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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 outpon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title: Print Title:			
Print Title: TOWN ADM/N/8/8	TVENC	Print Title: VIVULAV OF JUNEVALTS	TOU DELLUVOLETTO



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.mass.nov/lists/nsd-forms.

Forms are also posted at OSD Forms: https://www.mas	s,gov/lists/osa-iorrns,		
CONTRACTOR LEGAL NAME: TOWN OF LUNENBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 17 MAIN ST, LUNENBURG, MA 01462-1484		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN DOHERTY	Phone: 978-582-4166	Billing Address (if different):	
E-Mail: sdoherty@lunenburgonline.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191863		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	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8B	
_X NEW CONTRA	СТ	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	V201 00 AV	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justi		scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check of ServicesCommonwealth T Terms and Conditions	ONE option):Commonwealth Telescope	lowing Commonwealth Terms and Conditions documer erms and Conditions _X_Commonwealth Terms and Conditions documents _X_Commonwealth Terms and Conditions _X_Commonwealth _X_Commonwealth Terms And Conditions _X_Commonwealth _X_Commonw	nt are incorporated by reference itions For Human and Social
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for auth	horized performance accepted in accordance with the terms	s of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts und	er <u>815 CMR 9.00</u> .
		ons, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended). \$	
a PPD as follows: Payment issued within 10 days	wealth payments are issued trirough % PPD: Payment issued within 15	h EFT 45 days from invoice receipt. Contractors requesting 5 days % PPD; Payment issued within 20 days % P	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	v reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c	. 29, § 23A); only initial payment
(subsequent payments scheduled to support standard		Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	cal Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/3	0/2022. The COAs established by
MGL provide social and support services to older adu	ilts, their families and caregivers. The	he annual award is determined by the number of elders per	municipality as per the most recent
census data, at a current rate of \$12 per person. This	contract will cover any rate adjusts All approved obligations incurred	nent or increase during the 10-year period. Each municipal 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	e signed contract is 6/30/22. MA #2,	
		actor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	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	ve Date.
are authorized to be made either as settlement of	payments or as authorized reimburs	sement payments, and that the details and circumstances o	f all obligations under this Contract
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
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 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			duage stricken by a Department as
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 COMMONWE	ALIH: 7/22/12
X: Just Date: 2/16/22.		X:	ate: UNTIVE.
(Signature and Date Must be Captured At Time of Signature)		X:	
Print Name: Neather Len: eny. Print Title: Town Wanager. Print Title: Divisor of land auto and Australy 150.		4ml Augustines EUSEA	
Print Title: 10th Managea	<u>*</u>	1 1111 11116: 14 4-14 14 14 14 14 14 14 14 14 14 14 14 14 1	ALT. HAW ALL ING

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 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.

roms are also posted at OSD Forms, mtps://www.mass	s.gov/iists/osa-forms.			
CONTRACTOR LEGAL NAME: CITY OF LYNN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 3 CITY HALL SQ STE 206, LYNN, MA 01901-1028		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHRISTOPHER GOMEZ- FAREWELL	Phone: 781-718-1763	Billing Address (if different):		
E-Mail: cgomez@lynnma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192109		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 CONTRAC	СТ	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	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")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procureme	nt supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status For E	gency, scope, budget)	Contract Employee (Attach any updates to scope or bi		
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing language)		
specific exemption or earmark, and exception justifi		scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	tractor Certifications and the fol ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ons For Human and Social	
in the state accounting system by sufficient appropriati	ons or other non-appropriated fund	norized 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 maxim	num obligation for total duration of	this contract (or new total if Contract is being amended). \$_		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day 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.				
	only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
			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.	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.			
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:				
George S. Markopoulos Page 1 of 81			BUBA	

City Solicitor

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

Forms are also posted at OSD Forms: https://www.mas	ss.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF LYNNFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 55 SUMMER ST, LYNNFIELD, MA 01940-1861		Business Mailing Address: 1 Ashburton Pl. Boston MA 02108		
Contract Manager: LINDA NACCARA	Phone: 781-598-1078	Billing Address (if different):		
E-Mail: Inaccara_coa@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191865		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	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	R	
_X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Emergency Contract (Attach justification for emergency Contract)	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		 Other Procurement Exception (Attach authorizing language) 	guage/justification and updated	
		llowing Commonwealth Terms and Conditions document	are incorporated by reference	
into this Contract and are legally binding: (Check of ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	erms and Conditions X Commonwealth Terms and Condition	ions For Human and Social	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated tun	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.	
Maximum Obligation Contract. Enter total maxim	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$_	b being amended,/	
		h EFT 45 days from invoice receipt. Contractors requesting ac		
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 1:	5 days % PPD; Payment issued within 20 days % PPI	D: Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.)	29, § 23A); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMA	NCE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municipa	Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfe	ormance period for year one of this contract is 7/1/2021-6/30/	2022. The COAs established by	
MGL provide social and support services to older adul	Its, their families and caregivers. The	he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal C	nunicipality as per the most recent	
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	is agreement and the amount of	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #2.		
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	D.4-	
X 3, were incurred as of July 1, 20 21 a date LA	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations inc	Date.	
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	all obligations under this Contract	
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amended, provided that the terms of this Contract at	nd performance expectations and	obligations shall survive its termination for the purpose of n	esolving 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.				
<u>CERTIFICATIONS</u> : 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 according	essed 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 JMR 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: 100 V1	Date: 3-9-2	(1) 10		
(Signature and Date Must Be Captured At Time of Signature)		X: Dat (Signature and Date Must Be Captured At	Time of Signature)	
Print Name: Robert Dolan . Print Name: MATIN BOJOMIN				
Print Title: Town Adul	nistrator	Print Title: Divillar of Contracts and	Allowating	
		-	r	

Fbl