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E-Mail: mpaul@cityofmalden.org	Phone: 781-397-7000	COMMONWEALTH DEPARTMENT NAME: Execution MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Bos Billing Address (if different):	of Elder Affairs
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(Note: The Address ID must be set up for EFT	Daymento \	E-Mail: Stacey.oconnell@mass.gov	Phone: 617-222-7419
V MEIN			Fax: 617-727-9368
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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> for <u>Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

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CONTRACTOR LEGAL NAME: TOWN OF MANCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 CENTRAL ST, MA 01944-1354		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: NANCY HAMMOND	Phone: 978-526-7500	Billing Address (if different):		
E-Mail: hammondn@manchester.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191866		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000008	1 ux. 017-127-3300	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E		
X NEW CONTRAC	ст	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check one	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated D	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	, budget)	AMENDMENT TYPE: (Check one option only. Attach de	tails of amendment changes.)	
Notice or RFR, and Response or other procurement	nt supporting documentation)	Amendment to Date, Scope or Budget (Attach update	d scope and budget)	
Emergency Contract (Attach justification for emergency)	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract	t and updated scope/budget)	
Contract Employee (Attach Employment Status FoX_ Other Procurement Exception (Attach authorizin	g language, legislation with	Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lang	aget)	
specific exemption or earmark, and exception justific	cation, scope and budget)	scope and budget)	2 752 XXX	
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X Rate Contract. (No Maximum Obligation) Attach of	details of all rates, units, calculation	horized performance accepted in accordance with the terms o ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended). \$	045 0145 0 00	
% PDD. If PPD percentages are left blank, identify r (subsequent payments scheduled to support standard E BRIEF DESCRIPTION OF CONTRACT PERFORMANG Commonwealth authorized through the annual GAA and	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 receipt and support sonition to add and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by			
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ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Con	ntract obligations:	
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X 3. were incurred as of July 1 , 20 21 , a date F	PRIOR to the Effective Date below	and <u>no</u> colligations have been incurred <u>prior</u> to the Effective L v, and the parties agree that payments for any obligations incu	late.	
are attached and incorporated into this Contract. A	Acceptance of payments forever re	ement payments, and that the details and circumstances of all eleases the Commonwealth from further claims related to thes	obligations under this Contract e obligations.	
completing any negotiated terms and warranties, to allow	w any close out or transition perfo	32 , with no new obligations being incurred after this date obligations shall survive its termination for the purpose of resumance, reporting, invoicing or final payments, or during any limited.	solving any claim or dispute, for apse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			n: 3/9/22. me of Signature)	
Signature and Date Must Be Captured At Time of Signature) Town Administration Print Title: Town Administration Print Title: Division P			en 14 luvullus	

M.2



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Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated
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 MANSFIELD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 10 PLYMOUTH ST, MA 02048-2033		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108
Contract Manager: JOSEPHINE MADRAZO	Phone: 508-261-7368	Billing Address (if different):	
E-Mail: jmadrazo@mansfieldma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191867		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	9. 757	MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
X NEW CONTRA	СТ	CONTRACT AMENDM	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8'		AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract	
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status For Employment Status For Employment Status For Employee)		Contract Employee (Attach any updates to scope or bu	
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justific		scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ons For Human and Social
		norized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
		this contract (or <i>new</i> total if Contract is being amended). \$	
		n EFT 45 days from invoice receipt. Contractors requesting ac	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days
% 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		ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA as	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	2022. The COAs established by
MGL provide social and support services to older adul	ts, their families and caregivers. The	ne annual award is determined by the number of elders per n	nunicipality as per the most recent
		nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of thi	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	signed contract is 6/30/22. MA #3.	
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s	ignature date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Data
		w, and the parties agree that payments for any obligations in	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	ement payments, and that the details and circumstances of a	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
		32 , with no new obligations being incurred after this da	
		obligations shall survive its termination for the purpose of r ormance, reporting, invoicing or final payments, or during any	
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	ne latest date that this Contract or
Amendment has been executed by an authorized sign	natory of the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifi	ied above, subject to any required
approvals. The Contractor certifies that they have accordingly and at the Street and Contract Form Instruction	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 referen			iched or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Con		mmonwealth Terms and Conditions, this Standard Contract F	Form, the Standard Contract Form
		colicitation, the Contractor's Response (excluding any langual state precedence over the relevant terms in the RFR and	
made using the process outlined in 801 CMR 21.07, in		ny amended RFR or Response terms result in best value, lo	
Contract.	O.D.	AUTHODIZING GIGNATURE FOR THE GOLDS	1 TU.
AUTHORIZING SIGNATURE FOR THE CONTRACTO	1-160	AUTHORIZING SIGNATURE FOR THE COMMONWEA	3/4/27
X: (Signature and Date Must Be Captured A	Date: WO O	X:	e: ////// .
Print Name: 105 40 MM & Madd	2D	X: Dat (Signature and Date Must Be Captured At Print Name:	Time of digitature)
Print Title:		Print Title: Vhull for of Contracts an	T. Allovy Huy

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF MARBLEHEAD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 188 WASHINGTON ST, MA 01945-3341		Business Mailing Address: 1 Ashburton PI, Boston M	/A 02108
Contract Manager: LISA J. HOOPER	Phone: 781-631-6737	Billing Address (if different):	
E-Mail: hooperl@marblehead.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191868		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach of Amendment to Date, Scope or Budget (Attach update)	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing la	
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 Contract Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions documer erms and Conditions X Commonwealth Terms and Cond	nt are incorporated by reference itions For Human and Social
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun-	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under the control of the contr	er 815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculate num obligation for total duration of	ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$	ere being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commons	wealth payments are issued through _% PPD; Payment issued within 19 reason: X_agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PI day cycle statutory/legal or Ready Payments (M.G.L. c	accelerated payments must identify PD; Payment issued within 30 days
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu	and other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to 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 the a signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and 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 <u>no</u> oblig	ations have been incurred prior to the Effective Date.	no Dato
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	y and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	ve Date.
are authorized to be made either as settlement of	payments or as authorized reimburs	w, and the parties agree that payments for any obligations i sement payments, and that the details and circumstances o releases the Commonwealth from further claims related to t	fall 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 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic 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 For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms, 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:			
Time ride.			

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

Forms are also posted at OSD Forms: https://www.mass	s.yov/iists/osu-ioi/fils.			
CONTRACTOR LEGAL NAME: TOWN OF MARION (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2 SPRING ST, MA 02738-1519		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KAREN GREGORY	Phone: 508-748-3570	Billing Address (if different):		
E-Mail: kgregory@marionma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191869		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X_Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attacl	ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA of 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	_% PPD; Payment issued within 19 y reason: X_agree to standard 45 it EFT 45 day payment cycle. See F NCE or REASON FOR AMENDMI and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred award. The deadline to submit the award.	ENT: This 10-year contract will cover grant funds to municipormance period for year one of this contract is 7/1/2021-6/30 me annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #3.	D; Payment issued within 30 days 29, § 23A); only initial payment all Councils on Aging (COA) of the 1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal is agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE optic	on only) The Department and Contr signature date below) and <u>no</u> oblig ATER than the Effective Date below e PRIOR to the Effective Date below payments or as authorized reimburs. Acceptance of payments forever	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in the termination of the details and circumstances of the releases the Commonwealth from further claims related to the	e Date. nourred prior to the Effective Date all obligations under this Contract nese obligations.	
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 performance.	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for 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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by 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 a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Date: Cignature and Date Must Be Captured At Time of Signature) Print Title: Divertor of this Contract or Amendment Start Date Standard Contract or Amendment Start Date Standard Contract or Amendment Start Date Standard Contractor or Amendment Start Date Standard Contract Tor. AUTHORIZIN				





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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: CITY OF MARLBOROUGH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 140 MAIN ST, MA 01752	1	Business Malling Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: TRISH POPE	Phone: 508-485-6492	Billing Address (if different):	Di 047 000 7440
E-Mail: ppope@marlborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Gontractor Vendor Code: VC6000192112		E-Mall: Stacey.oconneli@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 81	
X NEW CONTRA	The second second second second	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enler Gurrent Contract End Date <u>Prior</u> to Amendment: for "no change" (or "no change"	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scop	Department) e. budget)	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 (Atlach update	
Notice or RFR, and Response or other procureme Emergency Contract (Atlach justification for eme		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Altach any updates to scope or bi	
X Other Procurement Exception (Atlach authorize		 Other Procurement Exception (Allach authorizing lan scope and budget) 	guage/Justification and updated
specific exemption or earmark, and exception justing		lowing Commonwealth Terms and Conditions document	are Incomposited by reference
into this Contract and are legally binding: (Check	ONE option):Commonwealth T	erns and Conditions X Commonwealth Terms and Conditions	
ServicesConvinonwealth IT Terms and Conditions		6 - 2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	of this Coulomband the sum and a
		horized performence accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under	
X Rate Contract. (No Maximum Obligation) Atlact	h delails of all rates, units, calculati	ons, conditions or terms and any changes if rates or terms ar	
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or new total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued throug	h EFT 45 days from involce receipt. Contractors requesting a	ccelerated payments must identify
		5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	
(subsequent payments scheduled to support standard			zo. 4 zorg, only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMA	NCE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
		ormance period for year one of this contract is 7/1/2021-6/30, he annual award is determined by the number of elders per n	
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 C	COA will complete an annual fiscal
roport describing how these grant funds were applied the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of this	s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	contract obligations:
- 1987年 - 1984年 - 19	19 TO TO THE SECOND OF THE SECOND	ations have been incurred prior to the Effective Date.	sinuasi obligacono.
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
X 3. were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date belo	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date
are attached and incorporated into this Contract,	Acceptance of payments forever	sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	all obligations under this Contract ese obligations.
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for
		ormance, reporting, involcing or final payments, or during an	
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	"Effective Date" of this Contract or Amendment shall be to	he latest date that this Contract or
		artment, or a later Contract or Amendment Start Date specifi	
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation.			
upon request to support compliance, and agrees that all terms governing performance of therein according to the following hierarchy of document precedence, the applicable Committee of the commi		f this Contract and doing business in Massachusetts are atta	iched or incorporated by reference
Instructions and Contractor Certifications, the Request for Response (RFR) or other s		colicitation, the Contractor's Response (excluding any language)	lage 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
Contract.	ncorporated nerein, provided that a	any amended RFR or Response terms result in best value, lo	wer costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: , ,
X: (X) /we	Bate: 32/2)	x: My W	10. 3/9/22
(Signature and Date Must Be Captured /	At Time of Signature)	(Signature and Date Must Be Captured At	Time of Signature)
Print Name: Arthur Vigeant		Print Namo: Aavon Beilmon	— A . A
Print Title: Mayor		Print Title: Ornetor of Contracts and Allowallupy	



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Forms are also posted at OSD Forms: https://www.mass			ffice of Elder Affaire
CONTRACTOR LEGAL NAME: TOWN OF MARSHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 870 MORAINE ST, MA 02050-3498		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CAROL C. HAMILTON	Phone: 781-834-5581	Billing Address (if different):	
E-Mail: chamilton@townof marshfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191870		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
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Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif	orm, scope, budget) ing language, legislation with	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan scope and budget)	udget)
THE OLD IN A COMPANY IN A STREET AND COMPANY OF THE OLD IN A COMPANY OF THE OL	ntractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient approprial 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 a this contract (or <i>new</i> total if Contract is being amended). \$_	010 01111 0.00
			29, § 23A); only initial payment of the control
1, may be incurred as of the Effective Date (latest2, may be incurred as of, 20, a date LA3. were incurred as of, 10, a data are authorized to be made either as settlement are attached and incorporated into this Contract	on only) The Department and Contraction only) The Department and Contraction on the Signature date below) and no obligation of the Signature of the PRIOR to the Effective Date below payments or as authorized reimbur. Acceptance of payments forever	ractor certify for this Contract, or Contract Amendment, that of gations have been incurred <u>prior</u> to the Effective Date. It wand <u>no</u> obligations have been incurred <u>prior</u> to the Effective ow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	e Date. ncurred prior to the Effective Date all obligations under this Contract nese obligations.
CONTRACT END DATE: Contract performance sh amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and allow any close out or transition per	0.32 , with no new obligations being incurred after this of lobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	late unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications approvals. The 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 unacceptable, and additional negotiated terms, provided that additional negotiated terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Town Administrator AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Captured At Time of Signature) Print Title: Town Administrator AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Town Administrator			



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also posted at OSD Forms: https://www.mass.gov/iists/d			fft - a of Flidow Aff-in-	
CONTRACTOR LEGAL NAME: TOWN OF MASHPEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 16 GREAT NECK RD N, MA 02649-2528		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: Heidi McLaughlin	Phone: 508-539-1440	Billing Address (if different):		
E-Mail: hmclaughlin@mashpeema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191871		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000008		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3	
X NEW CONTRA		CONTRACT AMENDM		
PROCUREMENT OR EXCEPTION TYPE: (Check or		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")	talla af aman dinasit ahan nasi	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	etails of amendment changes.)	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Aldach update Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or bu	udget)	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizing the contract of the cont	orm, scope, budget) ng language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)		
into this Contract and are legally binding: (Check of	UNE option):Commonwealth I	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
Services Commonwealth IT Terms and Conditions	nent certifies that navments 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 tun	ds. subject to intercept for Commonwealth owed debts under	013 CIVITY 3.00.	
X Rate Contract, (No Maximum Obligation) Attack	n details of all rates, units, calculati	ons, conditions or terms and any changes it rates of terms at	re being amended.)	
		this contract (or <i>new</i> total if Contract is being amended). \$ _		
- DDD fellower Downant locued within 10 days	% DDD: Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	D, Fayinein issued within 50 days	
% PPD If PPD percentages are left blank, identify	v reason: X agree to standard 45	day cycle statutory/legal of Ready Payments (M.G.C. C.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard	d EFT 45 day payment cycle. See I	Prompt Pay Discounts Policy.)		
a substitution of the superior	and other courses. The activity perf	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/30	1/2022. THE GOAS Established by	
LIOIidid and support conject to older adu	ilte their families and caregivers 1	he annual award is determined by the number of elders per municipality as per the most recent		
total at a support rate of \$10 per person This	contract will cover any rate adulat	tment or increase during the 10-year period. Each municipal COA will complete an annual fiscal 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. IMA #3.		
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1 may be incurred as of the Effective Date (latest	signature date below) and no oblid	gations have been incurred prior to the Effective Date.		
2 may be incurred as of 20 a date L/	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	navments or as authorized reimbur	ow, and the parties agree that payments for any obligations incurred prior to the Effective Date reement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance ch	all terminate as of June 30 2	0.32 with no new obligations being incurred after this d	ate unless the Contract is properly	
amanded provided that the terms of this Contract	and performance expectations and	onlinations shall survive its termination for the purpose of	1630 VIII daily Gaille of dispute, for	
completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during a	ly lapse between amendments.	
CERTIFICATIONS : Notwithstanding verbal or other	representations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or	
Amendment has been executed by an authorized si	gnatory of the Contractor, the Dep	artment, or a later Contract or Amendment Start Date speci s incomprated by reference as electronically published and th	e Contractor makes all certifications	
1 Jan de the Chandard Contract Form Instruction	one and Contractor Cortifications III	ider the nains and nenalties of beriury, and further adrees to t	DIOVIGE ally required documentation	
upon request to support compliance, and agrees that	t all terms governing performance	of this Contract and doing business in Massachusetts are at Immonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form	
I do a design of the Degree for Degree (RFR) or other		enlicitation the Confractor's Response textiluling diff idily	luage stricker by a Department as	
unacceptable, and additional negotiated terms, provided that additional negotiated term made using the process outlined in 801 CMR 21.07, incorporated herein, provided that		is will take precedence over the relevant terms in the KFK at	id the contractor a treahouse only in	
made using the process outlined in 801 CMR 21.07, Contract.	incorporated nerein, provided that	any amerided 14 14 of 1465ported terms result in 2001 value, i	menten da 1514 (1905) (1911) (1905) (1905) (1905) (1905)	
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
y. m	Date: 5/6/22	x: M2.M.	ate: 6/19/72 .	
X: (Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	At Time of Signature)	
Print Name: KODNEY C. CO	CCLIO2	X:	11 11 11 11 11 11 11 11 11 11 11 11 11	
Print Title: TOWN MANAG	ER	Print Title: VIWCITY CONTOURS	W. HELLOWING	



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

Forms are also posted at OSD Forms: https://www.mass		tors are required to access published forms at OTTT offis.	
CONTRACTOR LEGAL NAME: TOWN OF MATTAPOISETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 433, MA 02739-0433		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
	Phone: 508-758-4110	Billing Address (if different):	
Contract managers of Capazzanta Cooles.	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191873	Tuni	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
		CONTRACT AMEND	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on	85 0,9853	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scope	, budget)	AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)
Department Procurement (includes all Grants - 81	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ted scope and budget)
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emergency)	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Contract Employee (Attach Employment Status Fo	orm, scope, budget)	Contract Employee (Attach any updates to scope or be Other Procurement Exception (Attach authorizing lar	nguage/justification and undated
X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justification)	ng language, legislation with cation, scope and budget)	scope and budget)	igaago/jaotiiioaaoii ano apastos
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C	tractor Certifications and the fol DNE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Cond	at are incorporated by reference itions For Human and Social
		horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriati	ions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Attach	details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms a	are being amended.)
		this contract (or <i>new</i> total if Contract is being amended). \$	
- DDD as fallows. Dayment issued within 10 days	% PPD; Payment issued within 1: reason: X agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PI iday cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD, Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMAL Commonwealth authorized through the annual GAA at MGL provide social and support services to older adultances and the services to a service and the services to solder adultances and the services are services as a service as a service and the services are services as a service and the s	NCE or REASON FOR AMENDMI nd other sources. The activity perf Its, their families and caregivers. T contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municily formance 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 the prior to the latest signature date are intended to be part of the signature.	municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE optio	n 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 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 Effective	ve Date.
are authorized to be made either as settlement of	ayments or as authorized reimbur	low, and the parties agree that payments for any obligations incurred prior to the Effective Date irsement payments, and that the details and circumstances of all obligations under this Contract ir releases the Commonwealth from further claims related to these obligations.	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the commonwealth normal driving least select to	date unless the Contract is properly
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	nd performance expectations and llow any close out or transition per	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	ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			



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Tollis are also posted at OOD Tollis. Intps://www.maos.	aportition of the later of the			
CONTRACTOR LEGAL NAME: TOWN OF MAYNARD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 195 MAIN ST, MA 01754-2537		Business Mailing Address: 1 Ashburton PI, Boston M.	A 02108	
	Phone: 978-897-1009	Billing Address (if different):		
	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191874		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3	
Y NEW CONTRAC	eT.	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) X Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check O ServicesCommonwealth IT Terms and Conditions	tractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Departm in the state accounting system by sufficient appropriati X Rate Contract. (No Maximum Obligation) Attach	ons or other non-appropriated fun- details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	1815 CMR 9.00.	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1: reason: X agree to standard 45 EFT 45 day payment cycle. See FNCE or REASON FOR AMENDMI nd other sources. The activity perf 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 municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per in nent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the	D; Payment issued within 30 days 29, § 23A); only initial payment al Councils on Aging (COA) of the 1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that (Contract obligations:	
1. may be incurred as of the Effective Date (latest s	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	a Data	
X 3. were incurred as of July 1, 2021, a date	PRIOR to the Effective Date belo	r 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 sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	ncurred prior to the Effective Date all obligations under this Contract	
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract at completing any negotiated terms and warranties, to all	all terminate as of <u>June 30</u> , 20 nd performance expectations and low 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 shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			ate: 319177. At Time of Signature)	



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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.	State of the State	om (FIL 1//)
CONTRACTOR LEGAL NAME: TOWN OF MEDFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 459 MAIN ST, MA 02052-2009		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ROBERTA LYNCH	Phone: 508-359-3665	Billing Address (if different):	
E-Mail: medfieldcoa@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191876		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000008	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	ЗВ
X_ NEW CONTRA	СТ	CONTRACT AMEND	
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 of	(*)
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget) 15 CMR 2 00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	ited scope and budget)
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contr	act and updated scope/budget)
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F	gency, scope, budget)	Contract Employee (Attach any updates to scope or	budget)
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing la	nguage/justification and updated
enecific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	nt are incorporated by reference
into this Contract and are legally binding: (Check of Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth I	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Cond	attoris i or rightan and coolar
COMPENSATION, (Check ONE option): The Departs	nent certifies that navments for aut	horized performance accepted in accordance with the terms	s of this Contract will be supported
the state assembling quotom by sufficient appropria	tions or other non-appropriated tun	ids, subject to intercept for Commonwealth owed debts und ions, conditions or terms and any changes if rates or terms	EI 013 CIVITY 3.00.
Maximum Obligation Contract. Enter total maximum	mum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	
PROMPT DAYMENT DISCOUNTS (DDD), Common	woulth navments are issued through	h FFT 45 days from invoice receipt. Contractors requesting	accelerated payments must identify
DDD 6 II Deciment insured within 10 days	0/. DDD: Doviment icclied within 1	5 days % PPLI: Payment Issued within 20 days /o.r.	D, I dyllicit issued within oo days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	y reason: <u>X</u> agree to standard 45 d FFT 45 day payment cycle. See l	is day cycle statutory/legal or Ready Payments (M.G.L. or Prompt Pay Discounts Policy.)	s. 29, 9 23A), Offiny fillindar paymone
PRICE DECORIDATION OF CONTRACT DEDECORMA	NCE OF DEASON FOR AMENDM	FNT: This 10-year contract will cover grant funds to munic	ipal Councils on Aging (COA) of the
a like the size of through the appual CAA	and other courses. The activity ner	formance period for year one of this contract is //1/2021-0/3	SUIZUZZ. THE COAS established by
This	contract will cover any rate adulat	The annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal	I COA WIII COMPLETE dir dimiddi moodi
report describing how these grant funds were applied	All approved obligations incurred	prior to the latest signature date are interided 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	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 obli	gations have been incurred <u>prior</u> to the Effective Date.	Although distributed that there is a second to the control of the
2 may be incurred as of 20 a date L/	ATER than the Effective Date below	w and no obligations have been incurred prior to the Effecti	ve Date.
v o	DDIOD to the Effective Date held	ow and the parties agree that payments for any obligations	incliffed bliot to the Ellective Date
are authorized to be made either as settlement	payments or as authorized reimbur Acceptance of payments forever	releases the Commonwealth from further claims related to	these obligations.
COURT LOT END DATE. Contract norformance of	all terminate as of June 30 2	0 32 with no new obligations being incurred after this	date unless the Contract is properly
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completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during	the letest date that this Contract or
		e "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date specially and the contract or Amendment Start Date specially and the contract or Amendment Start Date specially and the contract of the contra	
I The Contractor partition that thou have ac	coccod and reviewed all document	s incornorated by reterence as electronically published and i	IIIE COllifaciol Hanes all collifications
1 1 1 1 - Ota- david Contract Form Instruction	one and Contractor Cartifications Ur	nder the nains and nenaities of Defluty, and Jurulet adjects it) blosing alls reduited apparticulation
upon request to support compliance, and agrees that all terms governing performance of herein according to the following hierarchy of document precedence, the applicable Co		ammonwealth Terms and Conditions, this Startdard Contra	CL FOITH, the Standard Contract i oni
Instructions and Contractor Certifications, the Request for Response (RFR) or other unacceptable, and additional negotiated terms, provided that additional negotiated terms.		collectation the Contractor's Response (excluding any idi	ludade stilckell by a peparalielle as
unacceptable, and additional negotiated terms, provi	incorporated herein, provided that	any amended RFR or Response terms result in best value	, lower costs, or a more cost effective
Contract.	yes remove (Produced and supplied 1991) (P. 1990) (1992) (P. 1993)		
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V 20 1000 d	At Time of Signature)	(Signature and Date Wilst be Captured	At Time of Orginature)
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Print Title: 10th Administrative . Print Title: 17th Administrative .			



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

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: CITY OF MEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 85 GEORGE P HASSETT DR, MA 02155-3200		Business Mailing Address: 1 Ashburton Pl, Boston MA 02108		
Contract Manager: PAMELA KELLY	Phone: 781-396-6010	Billing Address (if different):		
E-Mail: pkelly@medford-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192114		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B	
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation		CONTRACT AMENI Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no chang AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach upd	e") details of amendment changes.)	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F X_Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif	gency, scope, budget) orm, scope, budget) ng language, legislation with ication, scope and budget)	Interim Contract (Attach justification for Interim Cont Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing lascope and budget)	budget) anguage/justification and updated	
into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions docume erms and Conditions X Commonwealth Terms and Con-	ditions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts undons, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended). \$\frac{1}{2}\$	der <u>815 CMR 9.00</u> . are being amended.)	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	_% PPD; Payment issued within 1: reason: <u>X</u> agree to standard 45 EFT 45 day payment cycle. See F		PPD; Payment issued within 30 days c. 29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perf lts, their families and caregivers. To contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to munic formance period for year one of this contract is 7/1/2021-6// the annual award is determined by the number of elders perment or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #3.	30/2022. The COAs established by ir municipality as per the most recent il COA will complete an annual fiscal	
1. may be incurred as of the Effective Date (latest 2. may be incurred as of, 20, a date LA X 3. were incurred as of, 20 21, a date	signature date below) and <u>no</u> oblig TER than the Effective Date below B PRIOR to the Effective Date below	ractor certify for this Contract, or Contract Amendment, that pations have been incurred <u>prior</u> to the Effective Date. If and <u>no</u> obligations have been incurred <u>prior</u> to the Effect we, and the parties agree that payments for any obligations we, and the parties agree that payments for any obligations.	ive Date.	
are authorized to be made either as settlement p are attached and incorporated into this Contract.	Acceptance of payments forever	sement payments, and that the details and circumstances or releases the Commonwealth from further claims related to	these obligations.	
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a	all terminate as of <u>June 30</u> , 20 nd performance expectations and	0.32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose commance, reporting, invoicing or final payments, or during	date unless the Contract is properly fresolving 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: Dec b b 2 Date: 3 2 22 (Signature and Date Must Be Captured At Time of Signature) Print Name: Orlanna Wago - Kochn Print Title: Mayor Print Title: Diwitor of Contracts and Patewall Signature AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Mu		Date: 3/9/22. At Time of Signature)		



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

orms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.	*****	
CONTRACTOR LEGAL NAME: TOWN OF MEDWAY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
and d/b/a):		MMARS Department Code: ELD	
egal Address: (W-9, W-4): 155 VILLAGE ST, MA 02053-1147		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: COURTNEY RILEY	Phone: 508-533-3210	Billing Address (if different):	
E-Mail: Criley@townofmedway.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191877		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
/endor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B
X NEW CONTRA	CT	CONTRACT AMEN	DMENT
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 chang	e")
Collective Purchase (Attach ()SI) approval, SCOD	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 procurem	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach upd Interim Contract (Attach justification for Interim Con	tract and undated scope/budget)
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope of	r budget)
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorize	Form, scope, budget)	Other Procurement Exception (Attach authorizing I	anguage/justification and updated
and exception or earmark, and exception justi	fication scope and budget)	scope and budget)	
	turnter Contifications and the fo	Illowing Commonwealth Terms and Conditions docume	ent are incorporated by reference
into this Contract and are legally binding: (Check	ONE option):Commonwealth i	Ferms and Conditions X Commonwealth Terms and Cor	ditions for Fluman and coolar
Services Commonwealth IT Terms and Conditions	ment cortifies that navments for au	thorized performance accepted in accordance with the terr	ns of this Contract will be supported
to the state of th	stions or other non-appropriated fill	and diplecting infercent for Colling Median owen depreson	dei ette ettit ette.
x Rate Contract (No Maximum Obligation) Attac	ch details of all rates, units, calculat	ions, conditions of terms and arry changes in rates of terms	dio boiling differency
Maximum Obligation Contract. Enter total max	mum obligation for total duration of	f this contract (or new total if Contract is being amended).	J
PROMPT PAYMENT DISCOUNTS (PPD): Commor	wealth payments are issued through	ph EFT 45 days from invoice receipt. Contractors requesting	PPD: Payment issued within 30 days
0/ DDD If DDD percentages are left blank identified.	ty reason: X agree to stangard 43	15 days % PPD; Payment issued within 20 days % 5 day cycle statutory/legal or Ready Payments (M.G.L.	c. 29, § 23A); only initial payment
/authorizant normante echadulad to support standar	rd FFT 45 day payment cycle, See	Prompt Pay Discourts Policy.)	
THE REPORT OF CONTRACT DEDECTED	ANCE OF DEACON FOR AMENDM	MENT: This 10-year contract will cover grant funds to muni	/30/2022. The COAs established by
		formance period for year one of this contract is 7/1/2021-6 The annual award is determined by the number of elders p	
1	a contract will cover any rate adults	tment of increase diffici the 10-year bellou. Lacit mullion	ai oort wiii oomprote air airii
report describing how these grant funds were applie the prior obligation for year one is funded in the FY2	d All approved obligations incurred	prior to the latest signature date are intended to be part of	this agreement and the ametin of
ANTICIPATED START DATE: (Complete ONE opt	ion only) The Department and Conf	tractor certify for this Contract, or Contract Amendment, the	at Contract obligations:
1 may be incurred as of the Effective Date (lates	t signature date below) and no obli	igations have been incurred prior to the Effective Date.	
2 may be incurred as of 20 a date I	ATER than the Effective Date below	w and no obligations have been incurred prior to the Ellec	tive Date.
	to DDIOD to the Effective Date hal	low, and the parties agree that payments for any obligation resement payments, and that the details and circumstances	S Incurred bliot to the Ellective Date
are authorized to be made either as settlement	t. Acceptance of payments foreve	r releases the Commonwealth from further claims related t	o these obligations.
	Lill to minute an of June 20 C	20 22 with no new obligations being incurred after thi	s date unless the Contract is properly
completing any negotiated terms and warranties, to	allow any close out or transition pe	enormance, reporting, involcing or linar payments, or daming	, any report
CERTIFICATIONS: Notwithstanding verbal or other	er representations by the parties, the	he "Effective Date" of this Contract or Amendment shall	be the latest date that this Contract of pecified above, subject to any required
		partment, or a later Contract or Amendment Start Date sp ts incorporated by reference as electronically published and	
upon request to support compliance, and agrees th	at all terms governing performance	commonwealth Terms and Conditions, this Standard Contr	act Form, the Standard Contract Form
upon request to support compliance, and agrees that all terms governing performance of this Contract and Conditions, this Standard Contract Form, the Standard Contract herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications and Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications and Contractor Certifications, the Request for Response (RFR) or other solicitations, the Contractor Certifications and Contractor Certifications, the Request for Response (RFR) or other solicitations and Contractor Certifications, the Request for Response (RFR) or other solicitations and Contractor Certifications and Contractor Certifications, the Request for Response (RFR) or other solicitations and Contractor Certifications and Contractor Certif			
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1/ // // //		X:	Date: 1/9/22.
X: Signature and Date Must Be Capture	d At Time of Signature)		d At Time of Signature)
Print Name: Michael Boy	nton	104 (42 \ \701)640 44	and Accounting
Print Title: Town Manage		Print Title: Diweller of Coulvacts	AND MECOUNTRY
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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass	gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF MELROSE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 56, MA 02176-0		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: STACEY MINCHELLO	Phone: 781-665-4304	Billing Address (if different):	Phone: 617-222-7419
E-Mail: sminchello@CityofMelrose.org	Fax:	Contract Manager: Stacey Anne O'Connell	Fax: 617-727-9368
Contractor Vendor Code: VC6000192116		E-Mail: Stacey.oconnell@mass.gov	1 UA. 011-121-0000
Vendor Code Address ID (e.g. "AD001"): AD 001.	onte \	MMARS Doc ID(s): 02082200000000000008	D
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
X NEW CONTRA		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:	
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	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	letails 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 emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be	act and updated scope/budget)
Contract Employee (Attach Employment Status F	orm, scope, budget)	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated
X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justification)	fication, scope and budget)	scope and budget)	
The Chandard Contract Form Instructions and Con	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions documenerms 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 Departs	nent certifies that payments for aut	norized performance accepted in accordance with the terms	of this Contract will be supported
is the state executing quotom 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 a	er 615 CIVIN 9.00.
Maximum Obligation Contract. Enter total maxim	mum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	
PROMPT DAYMENT DISCOUNTS (PDD): Common	wealth payments are issued through	n FFT 45 days from invoice receipt. Contractors requesting	accelerated payments must identify
- DDD as fallows. Downant issued within 10 days	% DDD: Payment issued within 1:	h days % PPD: Payment issued within 20 days % F	FD, Fayillelli issued willill oo days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	v reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (IVI.G.L. C	. 23, 3 23/7), Orlly Illinai payment
PRICE DESCRIPTION OF CONTRACT DEDECTION	NCE OF REASON FOR AMENDM	FNT: This 10-year contract will cover grant funds to munici	pal Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA:	and other sources. The activity perf	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	UIZUZZ. THE COAS established by
This	contract will cover any rate adjusts	ment or increase during the 10-year deriod. 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 t	his agreement and the amount of
the prior obligation for year one is funded in the FY22	on only) The Department and Conti	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1 may be incurred as of the Effective Date (latest	signature date below) and no oblig	gations have been incurred prior to the Effective Date.	
2 may be incurred as of 20 a date LA	ATER than the Effective Date below	v and no obligations have been incurred prior to the Effecti	ve Date.
V 0 leave and as of July 4 20.24 a right	a PRIOR to the Effective Date below	ow, and the parties agree that payments for any obligations sement payments, and that the details and circumstances or	incurred prior to the Ellective Date
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 sh	all terminate as of June 30 2	n 32 with no new obligations being incurred after this	date unless the Contract is properly
amanded provided that the terms of this Contract	and performance expectations and	obligations shall survive its termination for the purpose o formance, reporting, invoicing or final payments, or during a	il lesolving any ciann or dispute, for
A the been executed by an outhorized of	anatony of the Contractor the Den	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date spec	cilled above, subject to arry required
The Contractor actifica that they have ac	cocced and reviewed all documents	s incorporated by reference as electronically published and t	He Contractor makes an continuations
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of penjury, and further agrees to provide any required documentations and contract and doing business in Massachusetts are attached or incorporated by refere			ittached or incorporated by reference
the following biggershy of document procedence, the applicable Commonwealth Lerms and Conditions, this Statigate Contract			of Folill, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Response (RFR) or other unacceptable, and additional negotiated terms, provided that additional negotiated terms.		solicitation, the Contractor's Response (excluding any lands will take precedence over the relevant terms in the RFR a	and the Contractor's Response only it
made using the process outlined in <u>801 CMR 21.07</u> ,	incorporated herein, provided that	any amended RFR or Response terms result in best value,	lower costs, or a more cost effective
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR: 2//- 20	AUTHORIZING SIGNATURE FOR THE COMMONW	9/1/27
X: (Signature and Date Must Be Captured Print Name:	_ Date:	X:	At Time of Signature)
(Signature and Date Must be Captured	At Time of Signature)	Print Name: Name. Bellman	
Print Name: Name: DFD CFC		X:	Acounting
THIR THE.			/



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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>
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	COMMONWEALTH DEPARTMENT NAME: Executiv		
Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms. CONTRACTOR LEGAL NAME: TOWN OF MENDON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
(and d/b/a): Legal Address: (W-9, W-4): PO BOX 2, MA 01756-0002		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Phone: 508-478-6175	Billing Address (if different):		
	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Fax:		Fax: 617-727-9368	
		1 ux. 017 121 0000	
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Department)	AMENDMENT TYPE: (Check one option only. Attac	ch details of amendment changes.)	
315 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach u	pdated scope and budget)	
ent supporting documentation)	Interim Contract (Attach justification for Interim Co	ontract and updated scope/budget)	
Form, scope, budget)	Contract Employee (Attach any updates to scope	or budget)	
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to to Ontifications and the fo	Howing Commonwealth Terms and Conditions docu	ment are incorporated by reference	
ONE option):Commonwealth	erms and Conditions X Commonwealth Terms and C	onditions for Human and Coolar	
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stione or other non-appropriated till	nas sunieci in intercept for continuotiwealth owed debis t	illuci o lo olili toloo.	
imum obligation for total duration of	f 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 (Publication of the payment payments scheduled to support standard FFT 45 day payment cycle. See Promot 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 #3.			
d. All approved obligations incurred 2 award. The deadline to submit th	prior to the latest signature date are intended to be part to signed contract is 6/30/22. MA #3.	ipal COA will complete an annual fiscal of this agreement and the amount of	
 All approved obligations incurred 2 award. The deadline to submit the ion only) The Department and Conference 	prior to the latest signature date are intended to be part e signed contract is 6/30/22. MA #3. ractor certify for this Contract, or Contract Amendment,	ipal COA will complete an annual fiscal of this agreement and the amount of	
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d. All approved obligations incurred 2 award. The deadline to submit the form only) The Department and Conit signature date below) and no obligations are the PRIOR to the Effective Date below and the PRIOR to the Effective Date below, and the payments or as authorized reimbut. Acceptance of payments forever all terminate as ofune 30_, 2 and performance expectations and allow any close out or transition performance.	ment of increase during the 10-year period. Each manic prior to the latest signature date are intended to be part the signed contract is 6/30/22. MA #3. rractor certify for this Contract, or Contract Amendment, if gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.	ipal COA will complete an annual fiscal of this agreement and the amount of that Contract obligations: ective Date. In sincurred prior to the Effective Date are of all obligations under this Contract to these obligations. his date unless the Contract is properly se of resolving any claim or dispute, for ng any lapse between amendments.	
	ONE option):Commonwealth I s ment certifies that payments for autations or other non-appropriated furth details of all rates, units, calculat imum obligation for total duration of mealth payments are issued throug% PPD; Payment issued within 1 for reason:X_agree to standard 45 rd EFT 45 day payment cycle. See ANCE or REASON FOR AMENDM and other sources. The activity professional content sources. The activity profession is set of the content of the sources. The activity profession is set of the content of the sources. The activity profession is set of the content of the sources. The activity profession is set of the content of the sources. The activity profession is set of the content of the sources. The activity profession is set of the content of the source of th	E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 020822000000000000008 RFR/Procurement or Other ID Number: MGL c. 40 ———————————————————————————————————	

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

CONTRACTOR LEGAL NAME: TOWN OF MERRIMAC		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 2 SCHOOL ST, MA 01860-1915		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BRIENNE WALSH	Phone: 978-346-9549	Billing Address (if different):	
E-Mail: bwalsh@townofmerrimac.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191880		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3
X NEW CONTRA	СТ	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
 Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8 	a, budget) 15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract	ct and updated scope/budget)
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F	gency, scope, budget)	Contract Employee (Attach any updates to scope or bu	udget)
X Other Procurement Exception (Attach authoriz	ing language, legislation with	Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Con	otractor Certifications and the follows:	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
Services Commonwealth IT Terms and Conditions	option)	On the drive data of the drive	
COMPENSATION: (Check ONE option): 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 under ons, conditions or terms and any changes if rates or terms ar	815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Atlact Maximum Obligation Contract. Enter total maximum	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$_	o boing amondou,
The state of the s		h EFT 45 days from invoice receipt. Contractors requesting a	
a DDD as follows: Payment issued within 10 days	% PPD: Payment issued within 15	5 days % PPD: Payment issued within 20 days % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identif	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 standar	JEFT 45 day payment cycle. See F	ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA:	and other sources. The activity perfe	ormance period for year one of this contract is 7/1/2021-6/30	1/2022. The COAs established by
MCL provide cocial and cupport services to older adu	ults, their families and caregivers. The	he annual award is determined by the number of elders per r	municipality as per the most recent
census data, at a current rate of \$12 per person. This	contract will cover any rate adjustr All approved obligations incurred	ment or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of th	is agreement and the amount of
the prior obligation for year one is funded in the FY22	2 award. The deadline to submit the	e signed contract is 6/30/22. MA #3.	
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 <u>no</u> oblig	pations have been incurred <u>prior</u> to the Effective Date.	o Date
2. may be incurred as of, 20, a date Li	to PRIOR to the Effective Date below	v 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	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract
are attached and incorporated into this Contract	t. 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	0_32 , with no new obligations being incurred after this d	ate unless the Contract is properly
amended, provided that the terms of this Contract completing any negotiated terms and warranties, to a	and performance expectations and allow any close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	y lapse between amendments.
		e "Effective Date" of this Contract or Amendment shall be	
Amondment has been executed by an authorized si	gnatory of the Contractor, the Department	artment, or a later Contract or Amendment Start Date speci	fied above, subject to any required
approvals. The Contractor certifies that they have ac	cessed and reviewed all documents	s incorporated by reference as electronically published and the	e Contractor makes all certifications
upon request to support compliance, and agrees that	at all terms governing performance of	der the pains and penalties of perjury, and further agrees to p of this Contract and doing business in Massachusetts are att	ached 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 referen 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	d 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 Contractor's Response or 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			ower costs, or a more cost effective
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRAC	21 1	AUTHORIZING SIGNATURE FOR THE COMMONWE.	ALIH:
X. (Signature and Date Must Be Captured	. Date: 2 38 32	X: Day Mark Mark De Control of A	ate: 71000.
(Signature and Date Must Be Captured	At Time of Signature)	X:	it time or signature)
Print Name: Benjamn S. Beaula	<u>~ .</u>	Print Title: Divactor At law Marts has	1 KINVAHUE
Print Title: Chairmany Bos	<u>.</u>	Linutine Madian at fact. 1913 and	

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF METHUEN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Legal Address: (W-9, W-4): 41 PLEASANT ST, MA 01	1844-3179 Phone: 978-983-8825	Billing Address (if different):	
Contract Manager: LINDA SHEEHAN	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: LJSheehan@ci.Methuen.ma.us Contractor Vendor Code: VC6000191881	1 4A.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)X_ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) scope and budget) sllowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions X Commonwealth Terms and Conditions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach Maximum Obligation Contract. Enter total maxin	tions or other non-appropriated fun- n details of all rates, units, calculation mum obligation for total duration of	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$ _	re being amended.)
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			
1. may be incurred as of the Effective Date (latest2. may be incurred as of, 20, a date LA3. were incurred as of1, 20_21, a date are authorized to be made either as settlement are attached and incorporated into this Contract.	on only) The Department and Contr signature date below) and <u>no</u> oblic ATER than the Effective Date below to PRIOR to the Effective Date belop payments or as authorized reimburs. Acceptance of payments forever	ractor certify for this Contract, or Contract Amendment, that in gations have been incurred <u>prior</u> to the Effective Date. In and <u>no</u> obligations have been incurred <u>prior</u> to the Effective ow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ve Date. ncurred prior to the Effective Date f all obligations under this Contract hese obligations.
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and allow any close out or transition per	0_32, with no new obligations being incurred after this of a obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	date unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only 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:		ate: <u>219/VC</u> At Time of Signature)	



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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.mas	35.g0V/113t3/03u-1011113.		
SONTING TOR ELGAL TAILET TO THE CONTROL OF THE CONT		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
(and d/b/a):	246 2270	Business Mailing Address: 1 Ashburton Pl, Boston MA 02108	
Legal Address: (W-9, W-4): 20 CENTRE ST, MA 023	Phone: 508-946-2490	Billing Address (if different):	
Contract Manager: HOLLY BEGLEY	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: hbegley@middleborough.com	Гах.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Contractor Vendor Code: VC6000191882		MMARS Doc ID(s): 02082200000000000008	
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
		CONTRACT AMEND	
X NEW CONTRA		Enter Current Contract End Date <u>Prior</u> to Amendment:	
PROCUREMENT OR EXCEPTION TYPE: (Check of Statewide Contract (OSD or an OSD-designate)		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, sco	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)
Department Procurement (includes all Grants -	815 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)
Notice or RFR, and Response or other procurer Emergency Contract (Attach justification for em	nent supporting documentation) ergency, scope, budget)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Contract Employee (Attach Employment Status	Form, scope, budget)	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar	nauger)
X Other Procurement Exception (Attach authors specific exemption or earmark, and exception just	zing language, legislation with	scope and budget)	igaago/jastinoation and apaated
The Oten dead Contract Form Instructions and Co	entractor Cartifications and the fo	llowing Commonwealth Terms and Conditions documen	it are incorporated by reference
into this Contract and are legally binding: (Check	k ONE option):Commonwealth 1	erms and Conditions X Commonwealth Terms and Cond	itions For Human and Social
Services Commonwealth IT Terms and Condition	rtment certifies that navments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropr	iations or other non-appropriated fur	ids, subject to intercept for Commonwealth owed debts unde	el 013 CIVIR 9.00.
X Rate Contract, (No Maximum Obligation) Atta	ach details of all rates, units, calculat	ions, conditions or terms and any changes it rates of terms a	are being amended.)
		f this contract (or <i>new</i> total if Contract is being amended). \$	
PROMPT PAYMENT DISCOUNTS (PPD): Commo	nwealth payments are issued through	th EFT 45 days from invoice receipt, Contractors requesting to 5 days % PPD; Payment issued within 20 days % P	accelerated payments must identify PD: Payment issued within 30 days
% PPD If PPD percentages are left blank, ident	tify reason: X agree to standard 43	day cycle statutory/legal of Ready Payments (IVI.G.L. C	. 29, § 23A); only initial payment
/subsequent navments scheduled to support stands	ard EFT 45 day payment cycle. See	Prompt Pay Discounts Policy.)	
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NOIide sesial and support conjugat to older a	dulte their families and caregivers 1	the annual award is determined by the number of elders per	municipality as per the most recent
annual data at a surrent rate of \$12 per person. The	his contract will cover any rate adults	ment or increase during the 10-year period. Each municipal	COA WIII CUITIPIETE ATT ATTITUAT TISCAT
report describing how these grant funds were applied the prior obligation for year one is funded in the FY.	ed. All approved obligations incurred 22 award. The deadline to submit the	prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #3.	The agreement and the annual and
ANTICIPATED START DATE: (Complete ONE or	otion only) The Department and Cont	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1, may be incurred as of the Effective Date (late	est signature date below) and no obli	gations have been incurred prior to the Effective Date.	
2 may be incurred as of . 20 . a date	LATER than the Effective Date below	ow and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.	
X 3, were incurred as of July 1, 20 21, a d	late PRIOR to the Effective Date bel	low, and the parties agree that payments for any obligations incurred prior to the Effective Date ursement payments, and that the details and circumstances of all obligations under this Contract	
are attached and incorporated into this Contra	act. Acceptance of payments forever	r releases the Commonwealth from further claims related to	these obligations.
CONTRACT END DATE: Contract performance	shall terminate as of June 30 2	on 32 with no new obligations being incurred after this	date unless the Contract is properly
dedided that the terms of this Contrac	t and performance expectations and	d obligations shall survive its termination for the purpose or formance, reporting, invoicing or final payments, or during a	I resolving arry claim of dispute, for
A described by an authorized	cignatory of the Contractor the Der	ne "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date spe	Cilled above, Subject to arry required
	accessed and reviewed all document	is incorporated by reference as electronically published and t	THE CONTRACTOR MAKES AN CERTIFICATIONS
	stions and Contractor Certifications II	nder the nains and nenalties of Defility, and Juriller adrees it	provide any required documentation
upon request to support compliance, and agrees that all terms governing performance of herein according to the following hierarchy of document precedence, the applicable Cor Instructions and Contractor Certifications, the Request for Response (RFR) or other s		ommonwealth Terms and Conditions, this Standard Contract	GL FOITH, the Standard Contract Form
		solicitation the Contractor's Response (excluding any idi	iduade strickers by a pepartitient as
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take preceden made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR		t any amended RFR or Response terms result in best value,	, lower costs, or a more cost effective
Contract.	,		
AUTHORIZING SIGNATURE FOR THE CONTRA	ICTOR:	AUTHORIZING SIGNATURE FOR THE COMMONW	EALIH: 2/6/2.7
x: Cut C Vinc	2 Date: 4 23. 22	X: /W/ 9 V	Date: 711100.
X: (Signature and Date Must Be Capture Print Name: Banks of Allaws)	ed At Time of Signature)	X:	At Time of Signature)
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Print Title: Town Manage		Little ine it Cran	Or (Co on)



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-orms are also posted at OSD Forms. https://www.mass	s.quvilistorusu-turiffis.		
CONTRACTOR LEGAL NAME: TOWN OF MIDDLEFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 188 SKYLINE TRL, MA 01243-9800		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JUDITH HOAG	Phone: 413-623-8968	Billing Address (if different):	
E-Mail: Judy@judeart.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191883		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)		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.)	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justification in the status of the s	15 CMR 2.00) (Solicitation ent supporting documentation) regency, scope, budget) form, scope, budget) and language, legislation with fication, scope and budget)	Amendment to Date, Scope or Budget (Attach updated scope and budget)Interim Contract (Attach justification for Interim Contract and updated scope/budget)Contract Employee (Attach any updates to scope or budget)Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
into this Contract and are legally binding: (Check of 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 Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #3.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred <u>prior</u> to the Effective Date.	o Doto
X 3. were incurred as of July 1, 20 21, a dat	e PRIOR to the Effective Date belo payments or as authorized reimburs	vand <u>no</u> obligations have been incurred <u>prior</u> to the Effectivon, 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 sha amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and allow any close out or transition per	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	ate unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form 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:			
X: MAIN Hoas Date: 2/23/22 (Signature and Date Must Be Captured At Time of Signature) Print Name: Sud A Hoas Print Title: WWW Brits Title: WWW St. I WWalks and Must Be Captured At Time of Signature) Print Title: WWW St. I Wwalks and Must Be Captured At Time of Signature)			



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

Forms are also posted at OSD Forms. https://www.mas	a.govillataroau iorilla.	Processor Buss. War 1700	and national mount	
CONTRACTOR LEGAL NAME: TOWN OF MIDDLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 48 S MAIN ST, MA 01949-2253		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JILLIAN SMITH	Phone: 978-777-4067	Billing Address (if different):		
E-Mail: jillian.smith@middletonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191884		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRA		CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	According to the control of the cont	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	ct and updated scope/budget)	
Contract Employee (Attach Employment Status F	form, scope, budget)	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
X Other Procurement Exception (Attach authorize specific exemption or earmark, and exception justice)	fication, scope and budget)	scope and budget)	9-03-7	
The Standard Contract Form Instructions and Con	ntractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms And Conditions _X_ Commonwealth _X_ Commonw	are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Departi 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).			
P-1			ccelerated payments must identify	
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 cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data at a current rate of \$12 per person. This	and other sources. The activity perf ults, their families and caregivers. T contract will cover any rate adjust I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per in ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Conti	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.		
2. may be incurred as of , 20 , a date L/	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement are attached and incorporated into this Contract	payments or as authorized reimbur . Acceptance of payments forever	ow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract lese obligations.	
amended provided that the terms of this Contract a	and performance expectations and	0 32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
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 certification 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 a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Title: TOWN ADMINISTRATION Print Title: Diweter of Contracts and Account my				

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services
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on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and Contractor Certifications, the <u>Commonwealth Terms and Conditions</u> which are incorporated

by reference herein. Additional non-conflicting terms may Forms are also posted at OSD Forms: https://www.mass	y be added by Attachment. Contract	ors are required to access published forms at CTR Forms: https://dx.doi.org/10.1003/pdf.2003/	tps://www.macomptroller.org/forms.
CONTRACTOR LEGAL NAME: TOWN OF MILFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 52 MAIN ST, MA 01757-2611		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN CLARK	Phone: 508-473-8334	Billing Address (if different):	
E-Mail: sclark@townofmilford.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191885	Tuxi	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
	4	MMARS Doc ID(s): 020822000000000008	
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
	- V	CONTRACT AMEND	
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Other Procurement Exception (Attach authorizing language, legislation with		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
into this Contract and are legally binding: (Check	ntractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social
Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 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 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 recer census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the payments in fertile payment is supported by the payment is agreement and the amount of the payment is payment is a 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 payment is payment.			29, § 23A); only initial payment pal Councils on Aging (COA) of the 0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE opti 1. may be incurred as of the Effective Date (lates: 2. may be incurred as of, 20, a date L X_3. were incurred as of, 20_21, a day of the page o	the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: _ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. _ X 3. were incurred as of, 20_1 and the PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shamended, provided that the terms of this Contract completing any negotiated terms and warranties, to	nall terminate as of <u>June 30</u> , 2 and performance expectations and allow any close out or transition pe	0_32, with no new obligations being incurred after this of obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	date unless the Contract is properly f resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference 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 at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: All aller Date: 2/17/22. (Signature and Date Must Be Captured At Time of Signature) Print Name: Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: 3/9/22 (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Name: Print Title: Drucky of Country		Date: <u>3/9/22</u> . At Time of Signature)	



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CONTRACTOR LEGAL NAME: TOWN OF MILLBURY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 267, MA 01527-0267		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: Sean Hendricks	Phone: 508-865-9154	Billing Address (if different):	
E-Mail: shendricks@townofmillbury.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191886		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	у.
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X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	
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% 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
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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.	D .
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	Date.
are authorized to be made either as settlement of	a prior to the effective date below Dayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract
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amended provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
25 NAC 527			
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	"Effective Date" of this Contract or Amendment shall be tartment, or a later Contract or Amendment Start Date specific	he latest date that this Contract or fied above, subject to any required
approvals. The Contractor certifies that they have accompany to the contractor certifies the certi	cessed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instructio	ns and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to p f this Contract and doing business in Massachusetts are atta	rovide any required documentation
herein according to the following hierarchy of docum	ent precedence, the applicable Cor	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departmen 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 or			uage stricken by a Department as
unacceptable, and additional negotiated terms, provide made using the process outlined in 801 CMR 21 07	ded that additional negotiated terms incorporated herein, provided that a	s will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, lo	ower costs, or a more cost effective
Contract.	Parada marani pranada mure		
AUTHORIZING SIGNATURE FOR THE CONTRACT	FOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH: Alas-
X: Jeastant	. Date: 6 9 7022	X:	ite: 6/17/22.
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: NAM NOTICE	•	Print Name: Wally Charles to Manual Control of the Manual Control	M Munches
Drint Title: I TINK VIII AIR / A/A		B Print LITO' WINGING A CHIVITENIA NO.	/WI 1/XI/II W V 7/

N.32



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by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

Forms are also posted at OSD Forms. Intps://www.mas	S.govinoto/cod forme.			
CONTRACTOR LEGAL NAME: TOWN OF MILLIS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
	Legal Address: (W-9, W-4): 900 MAIN ST, MA 02054-1512		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PATTY KAYO	Phone: 508-376-7051	Billing Address (if different):		
E-Mail: pkayo@millis.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191887		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000008	'	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
·		CONTRACT AMENDA	The state of the s	
X NEW CONTRA	4.5	Enter Current Contract End Date <u>Prior</u> to Amendment:		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Amendment Amount: \$ (or "no change"		
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scop	Department)	AMENDMENT TYPE: (Check one option only. Attach de	etails of amendment changes.)	
Department Procurement (includes all Grants - 8	315 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Notice or RFR, and Response or other procurem	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)	
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F	Form, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)	
X Other Procurement Exception (Attach authoriz	ring language, legislation with	Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated	
specific exemption or earmark, and exception justi	fication, scope and budget)		are incorporated by reference	
into this Contract and are legally binding: (Check	ONE option): Commonwealth I	lowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
Services Commonwealth IT Terms and Conditions	3	L. '. J. farmers accepted in accordance with the terms	of this Contract will be supported	
to the state asserting overtom by sufficient appropria	ations or other non-appropriated fun	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde	OTO CIVIL CO.OO.	
X Rate Contract. (No Maximum Obligation) Attac	ch details of all rates, units, calculati	ons, conditions of terms and any changes in rates of terms a	re being amended.)	
Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$				
PROMPT DAVISHT DISCOUNTS (DDD), Common	awoolth navments are issued through	h FFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify	
Don the Donate included within 10 days	0/ DDD: Dayment regued within 1	5 days % PPD: Payment issued within 20 days 70 FT	D, I dyllicilt issued willing of days	
% PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	y reason: X agree to standard 45	o day cycle statutory/legal or Ready Payments (M.G.L. c.	20, § 201), _ Only linear paymone	
THE PERSON OF CONTRACT DEDECORM	ANCE OF DEASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municip	oal Councils on Aging (COA) of the	
a the state of the control CAA	and other courses. The activity ner	formance period for year one of this contract is 1/1/2021-0/30	JIZUZZ. THE COMS Established by	
1401 idid and support continue to older add	ulte their tamilies and caregivers I	the annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal	municipality as por the most recent	
report describing how these grant funds were applied	d 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 FY2	2 award. The deadline to submit th	e signed contract is 6/30/22. IVIA #3.		
ANTICIPATED START DATE: (Complete ONE opti	ion only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that t	Contract obligations:	
1. may be incurred as of the Effective Date (lates	t signature date below) and no oblig	gations have been incurred <u>prior</u> to the Effective Date.	n 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	ncurred prior to the Effective Date	
therized to be made either as settlement	navments or as authorized reimbur	ow, and the parties agree that payments for any obligations in rement payments, and that the details and circumstances of	all obligations and a time contract	
are attached and incorporated into this Contrac	ct. Acceptance of payments forever	releases the Commonwealth from lurther claims related to the	lese obligations.	
CONTRACT FUR DATE. Contract no formance of	hall terminate as of June 30 2	0.32 with no new obligations being incurred after this of	late unless the Contract is properly	
I down ideal that the terms of this Contract	and performance expectations and	a obligations shall survive its termination for the purpose of	16301VIIIg ally Gailli of dispute, for	
completing any negotiated terms and warranties, to	allow any close out or transition per	formance, reporting, invoicing or final payments, or during a	ly appearance and the Contract of	
CERTIFICATIONS : Notwithstanding verbal or other	r representations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or ified above, subject to any required	
I TI Controlled a that they believe	accorded and reviewed all deciment	partment, or a later Contract or Amendment Start Date spec is incorporated by reference as electronically published and the	G Contilación manes an continuación	
. I I Was Oberedend Contract Form Instruction	one and Contractor Cortifications III	nder the name and penallies of periury, and fulfill adject to	provide arry required documentation	
the second service and agrees the	of all forme governing nerformance	of this Contract and doing business in Massachuseus are at	lacified of incorporated by rotororios	
upon request to support compilation, and agrees that all terms governing performance of the contract configuration of the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Stand			duade afficient by a population as	
the first of the second design		iu tile contractor s response only ii		
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 enective	
Contract.	TOD.	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: , ,	
AUTHORIZING SIGNATURE FOR THE CONTRAC	7-74-77		2/6/22	
X: (Signature and Date Must Be Captured	Date:	X: D D D Signature and Date Must Be Captured A	At Time of Signature)	
(Signature and Date Must be Captured	At time of Signature)	Print Name: Warn 17/11mm		
Print Name: Alany States. Print Title: Town Alany States. Print Title: Town Alany States.		and Mounty		
Print line with a warming the state of the s	•			



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services

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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF MILLVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 703, MA 01529-	0703	Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: TINA COOK	Phone: 508-883-3523	Billing Address (if different):		
E-Mail: sr.center@millvillema.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191888		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		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		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)	· · · · · · · · · · · · · · · · · · ·	
	ONE option):Commonwealth T	clowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions		
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
		ds, subject to intercept for Commonwealth owed debts under		
		ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$_	e being amended.)	
	CONTRACTOR OF THE PARTY OF THE	h EFT 45 days from invoice receipt. Contractors requesting a	englarated payments must identify	
		5 days % PPD; Payment issued within 20 days % PP		
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard		Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	and Councils on Aging (COA) of the	
		formance period for year one of this contract is 7/1/2021-6/30		
		he annual award is determined by the number of elders per r		
		ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of th		
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 #3.		
		ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		pations have been incurred prior to the Effective Date.	- Data	
		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.	
		0.32 , with no new obligations being incurred after this de		
		obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an		
		"Effective Date" of this Contract or Amendment shall be t		
Amendment has been executed by an authorized sign	gnatory of the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specif	fied above, subject to any required	
		incorporated by reference as electronically published and the		
upon request to support compliance, and agrees that	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 documents	herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract F			
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the				
made using the process outlined in 801 CMR 21.07, i		any amended RFR or Response terms result in best value, lo		
Contract.		I AUTUODITINO CICUTATION TO THE CONTRACT OF TH	A 1 771 1	
AUTHORIZING SIGNATURE FOR THE CONTRACT	2/22/27	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALIH: 2/6/18 2	
X: (Signature and Date Must Be Captured	Date: Colonsture)	X:	t Time of Signature)	
Print Name: Peter D G		Print Name: Awin Boltman	Time of Signature)	
Print Title: Town Romin	icha hi	Print Title: Nincetor UF loutvaits	and Marston	
The state of the s		I		



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

Folinis are also posted at OCD Folinis. Into Salvin TON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF MILTON		MMARS Department Code: ELD	
(and d/b/a): Legal Address: (W-9, W-4); 525 CANTON AVE, MA 02186-3240		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CHRISTINE STANTON	Phone: 617-898-4893	Billing Address (if different):	
E-Mail: cstanton@townofmilton.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191889	11 461	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c, 40 s, 8B	
X NEW CONTRA		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,	
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope	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	ant supporting documentation)	— Amendment to Date, Scope or Budget (Attach updated scope and budget) — Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach Justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for interim Contract and updated scoperadoger)Contract Employee (Attach any updates to scope or budget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget)	Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _X_Commonwealth Terms and Conditions For Human and Social			
Services Commonwealth IT Terms and Conditions	nent certifies that navments for aut	norized performance accepted in accordance with the terms	of this Contract will be supported
I to the state assessment and an expension by sufficient appropriate	tions of other non-anomalistica line	ns simaci in iniercent foi Commonwediul awad douts ditusi	O IO CIVIL CICU.
Y Pate Contract (No Maximum Ohligation) Attach	n details of all rates, units, calculate	ons, conditions or terms and any changes if rates or terms ar this contract (or new total if Contract is being amended). \$	e politi alliandodi)
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	uns contract for new total in contract to being amonated, to	and arrived payments must identify
man (II Decement instead within 40 days	0/ DDD: Daymont iccurd within 1	n EFT 45 days from Involce receipt. Contractors requesting at 5 days % PPD; Payment Issued within 20 days % PP	D' Latiliett issued Mittill on date
0/ DDD If DDD nercentages are left blank identify	raason: ik adree to standard 40	CHA CACIO SMINIOLANGED IN LEGGA L GALLETO	29, § 23A); only Initial payment
(eubequient reagments scheduled to support standard	EFT 45 day payment cycle, 500 h	fompt Pay Discounts Policy.)	THE RESERVE THE PARTY OF THE PA
10 till soll a stand there are the appropriate the	and other courses. The activity north	ENT: This 10-year contract will cover grant funds to municipumance period for year one of this contract is 7/1/2021-6/30.	IZUZZ, IIIO CONS OSIEDIISIIGU DY
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I to the summer of \$40 mor norman This	contract will cover any rate edition	nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of thi	OA WIII COMPIETO AN ANNICAL MOCA
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	signed contract is 0/30/22. MA #3.	
ANTICIPATED START DATE: (Complete ONE option	on 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	stanature 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 w, and the parties agree that payments for any obligations in	curred prior to the Effective Date
authorized to be made either se coffement n	comanie or se sulhonzad falmours	ament navments, and that the details and diffullistances of t	all antifarming alleged allo colleges
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
Regular and Table 1975. Contract performance shall torginate as of June 30, 20,32 with no new obligations being incurred after this date unless the Contract is properly			
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, involcing or final payments, or during any lapse between amendments.			
Completing any negotiated tornio and managers as	sense contations by the parties, the	"Effective Date" of this Contract or Amendment shall be to	he 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 letest date that this Contract or Amendment Start Date specified above, subject to any required 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			
The contract of the state of th			
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penaltiles 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			
I to the following blosses of document procedence the applicable Commonwealth Lamis and Conditions, this statically contract to the			
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.			
AUTHORIZ MG SIGNOURS FOR DIE CONTRACTOR: X: Date: Date:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	0/23/02
		X: (Signature and Date Must Be Captured At	Time of Signature)
		Print Name: Avan her must be captured At Time of dignature)	
Print Name:		Print Title: Director of Contracts and	According 606A
E CAME LINE. STATE OF TAXABLE AND ADDRESS OF		1907-000-00 (ACCOUNTS)	

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JOHN HAINING INOT



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

Forms are also posted at OSD Forms. https://www.mas	s.gov/iists/osa-iorms.			
CONTRACTOR LEGAL NAME: TOWN OF MONSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 110 MAIN ST, MA 01057-1348		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LORI STACY	Phone: 413-267-4121	Billing Address (if different):		
E-Mail: Istacy@monson-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191892		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8B		
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check on	e 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	, 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 update Interim Contract (Attach justification for Interim Contract)		
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		Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justifi	ication, scope and budget)	scope and budget)	TO 15 150	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms of	of this Contract will be supported	
in the state accounting system by sufficient appropriati	ions or other non-appropriated fundatails of all rates, units, salaulation	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00	
		ons, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$	a 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	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		rompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	I Compile on Aring (OOA) of the	
Commonwealth authorized through the annual GAA ar	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30/	2022. The COAs established by	
MGL provide social and support services to older adul	ts, their families and caregivers. Th	ne annual award is determined by the number of elders per m	nunicipality as per the most recent	
report describing how these grant funds were applied.	All approved obligations incurred to	nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of this	OA will complete an annual fiscal	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	signed contract is 6/30/22. MA #3.		
		actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
1. may be incurred as of the Effective Date (latest s				
Z. 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	Date.	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations inc ement payments, and that the details and circumstances of a	urred prior to the Effective Date	
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 da	te 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 <u>801 CMR 21.07</u> , 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	DR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: ,	
9 00		X:	25/25/16	
(Signature and Date Must Be Captured At Time of Signature)		(Signature and Date Must Be Captured At	Time of Signature)	
Print Name: Richard M. Smith		Print Name: New New Yellware	 .	
Print Title: School Board Chair		Print Title: Dracoty of Contracts und	Herry water	



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.macomotroller.org/forms.

Forms are also posted at OSD Forms: https://www.mas	s.qov/iisis/osu-iorins.		
CONTRACTOR LEGAL NAME: TOWN OF MONTAGUE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 AVENUE A, MA 01376-1128		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ROBERTA POTTER	Phone: 413-863-9357	Billing Address (if different):	
E-Mail: coa@montague-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191893	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT payn	ients.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B
X NEW CONTRA	СТ	CONTRACT AME	NDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement		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 eme		Contract Employee (Attach any updates to scope	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authoriz)		Other Procurement Exception (Attach authorizing	
specific exemption or earmark, and exception justi		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	lowing Commonwealth Terms and Conditions documerms and Conditions X Commonwealth Terms and Co	nent are incorporated by reference anditions For Human and Social
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the ter ds, subject to intercept for Commonwealth owed debts u ons, conditions or terms and any changes if rates or term this contract (or <i>new</i> total if Contract is being amended).	nder <u>815 CMR 9.00</u> . s are being amended.)
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMA	_% PPD; Payment issued within 15 reason: _X_agree to standard 45 EFT 45 day payment cycle. See FNCE or REASON FOR AMENDME	n EFT 45 days from invoice receipt, Contractors requestir 5 days % PPD; Payment issued within 20 days % day cycle statutory/legal or Ready Payments (M.G.L. Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to murormance period for year one of this contract is 7/1/2021-6	PPD; Payment issued within 30 days c. 29, § 23A); only initial payment icipal Councils on Aging (COA) of the
MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	Its, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred procured procure	ne annual award is determined by the number of elders penent or increase during the 10-year period. Each municiper or to the latest signature date are intended to be part or	per municipality as per the most recent pal COA will complete an annual fiscal
A STATE OF THE PARTY OF THE PAR	and the state of t	actor certify for this Contract, or Contract Amendment, th	at Contract obligations:
1. may be incurred as of the Effective Date (latest			
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. v, and the parties agree that payments for any obligations incurred prior to the Effective Date	
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligation ement payments, and that the details and circumstances releases the Commonwealth from further claims related t	of 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 thi obligations shall survive its termination for the purpose ormance, reporting, invoicing or final payments, or during	of resolving any claim or dispute, for
Amendment has been executed by an authorized sig approvals. The Contractor certifies that they have acc required under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docume Instructions and Contractor Certifications, the Reque unacceptable, and additional negotiated terms, provid	natory of the Contractor, the Depa essed and reviewed all documents is and Contractor Certifications und all terms governing performance of ent precedence, the applicable Consist for Response (RFR) or other sed that additional negotiated terms noorporated herein, provided that a OR:	"Effective Date" of this Contract or Amendment shall intment, or a later Contract or Amendment Start Date spincorporated by reference as electronically published and ler the pains and penalties of perjury, and further agrees if this Contract and doing business in Massachusetts are missonwealth Terms and Conditions, this Standard Contraction, the Contractor's Response (excluding any lawill take precedence over the relevant terms in the RFR my amended RFR or Response terms result in best value. AUTHORIZING SIGNATURE FOR THE COMMONVALUE of the contractor of the contractor.	ecified above, subject to any required the Contractor makes all certifications to provide any required documentation attached or incorporated by reference act Form, the Standard Contract Form anguage stricken by a Department as and the Contractor's Response only if a lower costs, or a more cost effective VEALTH:
X:	Date: 5 4/22 At Time of Signature)	(Signature and Date Must Be Captured Print Name:	Date: 2/24/22 . At Time of Signature)



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

also posted at OSD Forms. https://www.mass.gov/lists	OSC-TOTTIO,			
CONTRACTOR LEGAL NAME: TOWN OF MONTEREY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
(and d/b/a): Legal Address: (W-9, W-4): 435 MAIN RD, MA 01245-9716		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LIN SABERSKI	Phone: 413-528-1443	Billing Address (if different):		
E-Mail: coa@montereyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191894		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pays		RFR/Procurement or Other ID Number: MGL c. 40	s. 8B	
**************************************		CONTRACT AME		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)		Enter Current Contract End Date <u>Prior</u> to Amendme	The second secon	
		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, score	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem	815 CMR 2.00) (Solicitation			
Ernergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim C	ontract and updated scope/budget)	
Contract Employee (Attach Employment Status	Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)		
X Other Procurement Exception (Attach authorizes specific exemption or earmark, and exception just	zing language, legislation with tification, scope and budget)	Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Co	entractor Certifications and the fol	llowing Commonwealth Terms and Conditions docu	ment are incorporated by reference	
into this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Condition	ONE option): Commonwealth T	erms and Conditions X Commonwealth Terms and C	onditions For Human and Social	
COMPENSATION: (Check ONE option): The Depart	tment certifies that payments for aut	horized performance accepted in accordance with the t	erms of this Contract will be supported	
in the state accounting system by sufficient appropria	ations or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts ons, conditions or terms and any changes if rates or ter	ms are being amended.)	
Maximum Obligation Contract Enter total max	cimum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended	i). \$	
		h EFT 45 days from invoice receipt. Contractors reques		
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1	5 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identified	ify 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 standa	rd EFT 45 day payment cycle. See I	Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to mi	unicipal Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA	and other sources. The activity perf	formance period for year one of this contract is 7/1/2021	-6/30/2022. The COAs established by	
MCI provide social and support services to older ad	fults their families and caregivers. T	he annual award is determined by the number of elders	per municipality as per the most recent	
census data, at a current rate of \$12 per person. The	is contract will cover any rate adjust d. All approved obligations incurred	ment or increase during the 10-year period. Each munic prior to the latest signature date are intended to be par	t of this agreement and the amount of	
the prior obligation for year one is funded in the FY2	22 award. The deadline to submit the	e signed contract is 6/30/22. MA #3.		
ANTICIPATED START DATE: (Complete ONE opt	tion only) The Department and Conti	ractor certify for this Contract, or Contract Amendment,	that Contract obligations:	
1. may be incurred as of the Effective Date (lates	t signature date below) and <u>no</u> oblic	igations 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. cw, 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 do	ite PRIOR to the Effective Date being navments or as authorized reimbur	sement payments, and that the details and circumstance	es of all obligations under this Contract	
are attached and incorporated into this Contract	t. Acceptance of payments forever	releases the Commonwealth from further claims related	to these obligations.	
CONTRACT END DATE: Contract performance si	hall terminate as ofJune 30_, 26	0_32, with no new obligations being incurred after	his date unless the Contract is properly	
amended provided that the terms of this Contract	and performance expectations and	dobligations shall survive its termination for the purpor formance, reporting, invoicing or final payments, or dur	se of resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other	er representations by the parties, the	e "Effective Date" of this Contract or Amendment sha artment, or a later Contract or Amendment Start Date	specified above, subject to any required	
approvals. The Contractor certifies that they have a	ccessed and reviewed all documents	s incorporated by reference as electronically published a	ind the Contractor makes all certifications	
required under the Standard Contract Form Instructi	ions and Contractor Certifications un	nder the pains and penalties of perjury, and further agree	es to provide any required documentation	
upon request to support compliance, and agrees the	at all terms governing performance of ment precedence, the applicable Co	of this Contract and doing business in Massachusetts a ommonwealth Terms and Conditions, this Standard Con	ntract Form, the Standard Contract Form	
Instructions and Contractor Certifications, the Reg	uest for Response (RFR) or other	solicitation, the Contractor's Response (excluding any	language stricken by a Department as	
unacceptable, and additional negotiated terms, prov	rided that additional negotiated term	is will take precedence over the relevant terms in the Ri any amended RFR or Response terms result in best va	R and the Contractor's Response only it	
Contract.	, incorporated herein, provided that	any amended for it of it esponse terms result in best ve	luc, lower cools, or a more cool snegario	
AUTHORIZING SIGNATURE FOR THE CONTRAC	CTOR:	AUTHORIZING SIGNATURE FOR THE COMMO	NWEALTH:	
X: Date: 2/23/22 Captured At Time of Signature)		x: M	. Date: 9/9/22 .	
		(Signature and Date Must Be Captu	red At Time of Signature)	
Print Name: Steven Weiss	2	Print Name: Away Beilman	<u> </u>	
Print Title: Select Board	COLC	X:	MAN Allowattry	



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

1085-3140 Phone: 413-862-3257	COMMONWEALTH DEPARTMENT NAME: Executive C MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston M		
Phone: 413-862-3257	Business Mailing Address: 1 Ashburton PI, Boston M	Δ 02108	
Phone: 413-862-3257		A 02100	
	Billing Address (if different):		
Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
01 .	MMARS Doc ID(s): 02082200000000000000		
payments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	3	
TRACT	CONTRACT AMENDI	MENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
ated Department)	Enter Amendment Amount: \$ (or "no change")		
scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
rement supporting documentation)	Amendment to Date, Scope or Budget (Attach updated scope and budget)		
emergency, scope, budget)			
us Form, scope, budget)			
justification, scope and budget)			
eck ONE option):Commonwealth 1	Ilowing Commonwealth Terms and Conditions document Ferms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
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			
option only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
test signature date below) and <u>no</u> obliq	pations have been incurred prior to the Effective Date.		
e LATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.	
X 3. were incurred as of July 1, 20 21, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20_32_, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			
To astrate like the rest and the second of t	ated Department) scope, budget) ts - 815 CMR 2.00) (Solicitation arement supporting documentation) emergency, scope, budget) trus Form, scope, budget) horizing language, legislation with justification, scope and budget) Contractor Certifications and the foreck ONE option):Commonwealth Total partment certifies that payments for autopriations or other non-appropriated fundations partment certifies that payments for autopriations or other non-appropriated fundations partment certifies that payments for autopriations or other non-appropriated fundations partment certifies that payments for autopriations or other non-appropriated fundations partment certifies that payments for autopriations or other non-appropriated fundations partment certifies that payments for autopriations or other non-appropriated fundations pays% PPD; Payment issued within 1 entify reason: _X_agree to standard 45 and and other sources. The activity performance and under the payment of the standard 45 and the summary of the contractor and caregivers. The activity performance and the payments of the Effective Date below and all payments or as authorized reimburstract. Acceptance of payments forever the shall terminate as ofune_30_, _20 and _1 to allow any close out or transition performance expectations and _2 to allow any close out or transition performance of the contractor, the Department precedence, the applicable Contractor Response (RFR) or other sorrovided that additional negotiated termination, incorporated herein, provided that additional negotiated terminate and contractor Certifications under the payments of the Signature) RACTOR:	Interior Contract End Date Prior to Amendment: Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$	



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF MOUNT WASHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 118 EAST ST, MA 01258-9710		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CORY HINES	Phone: 413-528-2839	Billing Address (if different):	
E-Mail: mntcory@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191897		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000008	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8B	
_XNEW CONTRA	СТ	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget) 15 CMR 2 00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	100
Emergency Contract (Attach justification for emel Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justil		scope and budget)	
The Standard Contract Form Instructions and Corinto this Contract and are legally binding: (Check Contracts Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
Maximum Obligation Contract. Enter total maxim	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 report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	. All approved obligations incurred p	ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the prior of contract is 6/30/22. MA #3	OOA will complete an annual fiscal is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
1, may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> 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	e Date.
X 3. were incurred as of July 1, 20 21, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as 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 any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
x: \$116/12.	Date: 2/23/.22	X: Da (Signature and Date Must Be Captured A	ate: 3/9/22 .
X:		(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: BRIAN C. T. BIN. Print Title: Sewet pour of Chair man.		Print Name: Awar Neilmun Print Title: Dructor if Julyans a	m Allovally

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