

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.

ilass,govilists/osu-forms.			
CONTRACTOR LEGAL NAME: TOWN OF RAYNHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 558 S MAIN ST, MA 02767-1677		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Phone: 508-824-2740	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	
<u>1.</u>	MMARS Doc ID(s): 02082200000000000008		
	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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) 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 ConditionsXCommonwealth Terms and Conditions For Human and SocialServicesCommonwealth IT Terms and Conditions		") letails of amendment changes.) ted scope and budget) act and updated scope/budget) budget) inguage/justification and updated tere incorporated by reference tions For Human and Social of this Contract will be supported in	
ations or other non-appropriated funds, ach details of all rates, units, calculatio	subject to intercept for Commonwealth owed debts under books, conditions or terms and any changes if rates or terms a	15 CMR 9.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal			
award. The deadline to submit the signature of the below and not contract signature date below) and no obligate. LATER than the Effective Date below the payments or as authorized reimburs.	ned contract is 6/30/22. MA #3. actor certify for this Contract, or Contract Amendment, that of ations have been incurred prior to the Effective Date. and no obligations have been incurred prior to the Effective, and the parties agree that payments for any obligations in the parties agree that payments for any obligations in the details and circumstances of	Contract obligations: e Date. nourred prior to the Effective Date all obligations under this Contract	
hall terminate as of <u>June 30</u> , 20 <u>32</u>	with no new obligations being incurred after this date unle hall survive its termination for the purpose of resolving any	ss the Contract is properly amended, claim or dispute, for completing any	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms, 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:			
	Phone: 508-824-2740 Fax: 1.	COMMONWEALTH DEPARTMENT NAME: Executive of MMARS Department Code: ELD Phone: 508-324-2740 Business Mailing Address: 1 Ashburton PI, Boston M Billing Address: 1 Ashburton PI, Boston PI, Bo	



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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.macs.gov/lists/opd-forms.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF READING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 16 LOWELL ST, MA 01867-2601		Business Mailing Address: 1 Ashburton PI, Boston	MA 02108
Contract Manager: AMY O'BRIEN	Phone: 781-942-6658	Billing Address (if different):	
E-Mail: aobrien@ci.reading.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191953		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B
X NEW CONTRA	CT	CONTRACT AMENI	
PROCUREMENT OR EXCEPTION TYPE: (Check or	and the second s	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach upda	ated scope and budget)
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Cont Contract Employee (Attach any updates to scope or	ract and updated scope/budget)
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope of Other Procurement Exception (Attach authorizing la	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	inguago/jaointoation and aparico
The Standard Contract Form Instructions and Con	stractor Certifications and the fol DNE option):Commonwealth T	lowing Commonwealth Terms and Conditions docume ferms and Conditions X Commonwealth Terms and Cond	nt are incorporated by reference ditions For Human and Social
in the state accounting system by sufficient approprial X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended). \$	ler <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 BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA at MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	_% PPD; Payment issued within 1 reason: X_agree to standard 45 EFT 45 day payment cycle. See I NCE or REASON FOR AMENDM and other sources. The activity perf Its, their families and caregivers. T contract will cover any rate adjust All approved obligations incurred award. The deadline to submit the	ENT: This 10-year contract will cover grant funds to munic formance period for year one of this contract is 7/1/2021-6/3 he annual award is determined by the number of elders pement or increase during the 10-year period. Each municipa prior to the latest signature date are intended to be part of a signed contract is 6/30/22. MA #3.	PD; Payment issued within 30 days c. 29, § 23A); only initial payment ipal Councils on Aging (COA) of the 30/2022. The COAs established by r municipality as per the most recent I COA will complete an annual fiscal this agreement and the amount of
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	pations have been incurred prior to the Effective Date.	
X 3, were incurred as of July 1, 20 21, a date are authorized to be made either as settlement p	e PRIOR to the Effective Date belo payments or as authorized reimbure	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effection, and the parties agree that payments for any obligations sement payments, and that the details and circumstances or releases the Commonwealth from further claims related to	incurred prior to the Effective Date of all obligations under this Contract
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	nd performance expectations and llow any close out or transition per	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 survival or survival.	of resolving any claim or dispute, for any lapse between amendments.
Amendment has been executed by an authorized significance approvals. The Contractor certifies that they have acceptained under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docum Instructions and Contractor Certifications, the Requiunacceptable, and additional negotiated terms, proving made using the process outlined in 801 CMR 21.07, Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT	gnatory of the Contractor, the Depicessed and reviewed all documents as and Contractor Certifications until all terms governing performance cent precedence, the applicable Coest for Response (RFR) or other ded that additional negotiated term incorporated herein, provided that	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date spe incorporated by reference as electronically published and to der the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are rammonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lar swill take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value, AUTHORIZING SIGNATURE FOR THE COMMONW X: Signature and Date Must Be Captured	cified above, subject to any required the Contractor makes all certifications of provide any required documentation that ched or incorporated by reference of Form, the Standard Contract Form anguage stricken by a Department as and the Contractor's Response only if lower costs, or a more cost effective EALTH: Date: 3/2/2, At Time of Signature)
Print Name: Fide Ma for . Print Name: Warn Print Title: Di Nellor of lawracts and Wellorsh		an Hewalter	
m I I I I I I I I I I I I I I I I I I I			



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

CONTRACTOR LEGAL NAME: TOWN OF REHOBOTH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 148R PECK ST, MA 02769-3009		Business Mailing Address: 1 Ashburton PI, Boston M.	M UZ 100
Contract Manager: LINNA SHERMAN	Phone: 508-252-3372	Billing Address (if different):	Dhono: 647 222 7440
E-Mail: Isherman@town.rehoboth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191955		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	anta \	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. 8E	
X NEW CONTRA	5250	CONTRACT AMENDM	2000
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change")	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	Toronto do Mario de Las IIII
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu	
X Other Procurement Exception (Attach authorizi	ng language, legislation with	 Other Procurement Exception (Atlach authorizing lang scope and budget) 	guage/justification and updated
specific exemption or earmark, and exception justif		lowing Commonwealth Terms and Conditions document	are incorporated by reference
into this Contract and are legally binding: (Check C	DNE option):Commonwealth T	erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social
Services Commonwealth IT Terms and Conditions			
compensation: (Check ONE option): The Departm	nent certifies that payments for auti	norized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under	of this Contract will be supported 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 ar	e 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): Commons	vealth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting ac	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 15	5 days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (M.G.L. c. 2	D; Payment issued within 30 days
(subsequent payments scheduled to support standard	EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	to, 3 20/1/, only linear 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 report describing how these grant funds were applied.	nd other sources. The activity perfo lts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30/ the annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of this perion of the contract is 6/30/22. MA #3	/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal
the prior obligation for year one is funded in the FY22	n only) The Department and Contri	actor certify for this Contract, or Contract Amendment, that C	contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred prior to the Effective Date.	TO THE PARTY OF TH
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.
X 3. were incurred as of <u>July 1</u> , 20 <u>21</u> , a date	PRIOR to the Effective Date below avments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to th	curred prior to the Effective Date all obligations under this Contract
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of romance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refere herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standa			ied above, subject to any required contractor makes all certifications rovide any required documentation ached or incorporated by reference form, the Standard Contract Form age stricken by a Department as if the Contractor's Response only if over costs, or a more cost effective
(Signature and Date Must Be Captured		Print Name: Away 1901 - Man	Time of orginature)
Print Name: Frederick E. Va Print Title: Chairman	anais, Jr.	Print Title: It was of autouts a	M Hewnthy
- Chairman - Chairman			

(Updated 7/22/2021) Page 1 of 92



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Forms are also posted at OSD Forms: https://www.mass	Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF REVERE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive C MMARS Department Code: ELD	Office of Elder Affairs	
Legal Address: (W-9, W-4): 281 BROADWAY, MA 02151-5027		Business Mailing Address: 1 Ashburton Pl, Boston N	A 02108	
Contract Manager: DEB PZECKA-DiGIULIO Phone: 781-286-8156		Billing Address (if different):		
E-Mail: dpeczka@revere.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192136		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	700	Enter Current Contract End Date Prior to Amendment:	, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	8	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d 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 Contract Employee (Attach Employment Status F	gency, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justif		scope and budget)		
The Standard Contract Form Instructions and Coninto 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 Conditions	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attack	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the 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). \$_	r 815 CMR 9.00.	
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		nations have been incurred <u>prior</u> to the Effective Date.	- D-t-	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and no obligations have been incurred prior to the Effective, and the parties agree that payments for any obligations in	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd 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	
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X:			M According, 6064	

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CONTRACTOR LEGAL NAME: TOWN OF RICHMOND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1529 STATE RD, MA 01254-5094		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PHYLLIS LEBEAU	Phone: 413-698-3656	Billing Address (if different):	
E-Mail: coa@richmondma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191957		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
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Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under	r 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). \$_	e being amended.)
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	D: Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard 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 adul	ts, their families and caregivers. The	he annual award is determined by the number of elders per n nent or increase during the 10-year period. Each municipal C	nunicipality as per the most recent
report describing how these grant funds were applied.	All approved obligations incurred	prior to the latest signature date are intended to be part of thi	is agreement and the amount of
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #3.	
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Data
		w, and the parties agree that payments for any obligations in	
are authorized to be made either as settlement pa are attached and incorporated into this Contract.	ayments or as authorized reimburs Acceptance of payments forever r	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.
CONTRACT END DATE: Contract performance sha	Il terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this da	ate unless the Contract is properly
completing any negotiated terms and warranties, to all	id performance expectations and low any close out or transition perf	obligations shall survive its termination for the purpose of romance, reporting, invoicing or final payments, or during an	esolving any claim or dispute, for v lanse between amendments
completing any negotiated terms and warranties, to all CERTIFICATIONS: Notwithstanding verbal or other in	low any close out or transition performs	ormance, reporting, invoicing or final payments, or during an "Effective Date" of this Contract or Amendment shall be the	y lapse between amendments. he latest date that this Contract or
approvals. The Contractor certifies that they have acce	essed and reviewed all documents	artment, or a later Contract or Amendment Start Date specifi incorporated by reference as electronically published and the	Contractor makes all certifications
required under the Standard Contract Form Instruction	is and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to pr	rovide any required documentation
herein according to the following hierarchy of docume	all terms governing performance of int precedence, the applicable Cor	f this Contract and doing business in Massachusetts are atta nmonwealth Terms and Conditions, this Standard Contract I	iched or incorporated by reference
Instructions and Contractor Certifications, the Reque	st for Response (RFR) or other s	olicitation, the Contractor's Response (excluding any language	lage stricken by a Department as
unacceptable, and additional negotiated terms, provide made using the process outlined in 801 CMR 21.07. in	ad that additional negotiated terms accorporated herein, provided that a	will take precedence over the relevant terms in the RFR and my amended RFR or Response terms result in best value, lo	I the Contractor's Response only if
Contract.	A Section 1		
AUTHORIZING SIGNATURE FOR THE CONTRACTO	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
	Date: 2 22 2022	X:	te: <u>3/9/22</u>
(Signature and Date Must Be Captured A	t Time of Signature)	(Signature and Date Must Be Captured At	Time of Signature)
Print Name: Darrielle Killo		Print Name: Waryn Deilman	
Print Title: Town Administrator		Print Title: VIMCNS 15 (ONFORTS A	M Mountay



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

Forms are also posted at OSD Forms. https://www.ma	55.yuv/11515/05u-1011115.			
CONTRACTOR LEGAL NAME: TOWN OF ROCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 CONSTITUTION WAY, MA 02770-2029		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ERIC POULIN	Phone: 508-763-8723	Billing Address (if different):		
E-Mail: EPoulin@townofrochester.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191958		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	and the second s	
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B	
RFR/Procurement or Other ID Number: MGL c. 40 s. 8B X NEW CONTRACT			DMENT :, 20 je") details of amendment changes.) lated scope and budget) tract and updated scope/budget) r budget) anguage/justification and updated ent are incorporated by reference iditions For Human and Social ans of this Contract will be supported	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
2. may be incurred as of, 20, a date I _X3. were incurred as of1, 20_21, a date I are authorized to be made either as settlemen	ATER than the Effective Date below ate PRIOR to the Effective Date below to payments or as authorized reimbur	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectow, and the parties agree that payments for any obligations sement payments, and that the details and circumstances releases the Commonwealth from further claims related to	s incurred prior to the Effective Date of all obligations under this Contract	
amended, provided that the terms of this Contract completing any negotiated terms and warranties, to	CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
Amendment has been executed by an authorized approvals. The Contractor certifies that they have a required under the Standard Contract Form Instruct upon request to support compliance, and agrees the herein according to the following hierarchy of docu Instructions and Contractor Certifications, the Recupacceptable, and additional negotiated terms, pro	signatory of the Contractor, the Dep ccessed and reviewed all documents ions and Contractor Certifications ur at all terms governing performance ment precedence, the applicable Co- juest for Response (RFR) or other vided that additional negotiated term incorporated herein, provided that CTOR:	e "Effective Date" of this Contract or Amendment shall teartment, or a later Contract or Amendment Start Date specification or a later Contract or Amendment Start Date specification of the pains and penalties of perjury, and further agrees of this Contract and doing business in Massachusetts are sommonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any last will take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value of the paint	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 inguage stricken by a Department as and the Contractor's Response only if e, lower costs, or a more cost effective	





ELI

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

Forms are also posted at OSD Forms. https://www.mass	s.govnists/usu-ionnis.		
CONTRACTOR LEGAL NAME: TOWN OF ROCKLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 242 UNION ST, MA 02370-1804		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARGARET BRYAN	Phone: 781-871-1266	Billing Address (if different):	
E-Mail: rocklandseniors@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191959		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
X_ NEW CONTRA	CT	CONTRACT AMENDA	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	980
Statewide Contract (OSD or an OSD-designated	and Aller and Conference of the Conference of th	Enter Amendment Amount: \$ (or "no change")	No. of the contract of the con
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	gency, scope, budget)	Contract Employee (Attach any updates to scope or be	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizi	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		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 document erms 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	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriate	tions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.
		ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$	e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commons	wealth payments are issued through % PPD: Payment issued within 1	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	D: Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard		Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the
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report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		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	Date.
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this deposition of the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 requapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Form, the Standard Contract Form Forms and Contract Form Form Form Form Forms Forms Forms Forms Forms			ied above, subject to any required contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form tage stricken by a Department as it the Contractor's Response only if over costs, or a more cost effective ALTH: te: 203/22. Time of Signature)
<i></i>			



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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.mas	s.gov/lists/osd-forms.		CON VENEZO DE VARIOURÍNE
CONTRACTOR LEGAL NAME: TOWN OF ROCKPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 15, MA 01966-0015		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DIANE BERTOLINO	Phone: 978-546-2573	Billing Address (if different):	
E-Mail: dbertolino@rockportma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191960		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	The state of the s	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ed scope and budget) act and undated scope/budget)
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	oudget)
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorize	ing language, legislation with	Other Procurement Exception (Attach authorizing lar	iguage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth Te</u>	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 Departr	ment certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	er 815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Attack Maximum Obligation Contract. Enter total maximum	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$	te bellig amonded./
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 30 days			
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report describing how these grant funds were applied	. Contract will cover any rate adjusti I. All approved obligations incurred i	prior to the latest signature date are intended to be part of the	is agreement and the amount of
the prior obligation for year one is funded in the FY22	2 award. The deadline to submit the	signed contract is 6/30/22. MA #3.	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> obliga	ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	re Date.
X 3 were incurred as of .luly 1 . 20 21 a date	re PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	ncurred prior to the Effective Date
are authorized to be made either as settlement to	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance sh	all terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
completing any negotiated terms and warranties, to a	allow any close out or transition perf	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 significant	gnatory of the Contractor, the Depa	artment, or a later Contract or Amendment Start Date spec	ified above, subject to any required
approvals. The Contractor certifies that they have accordingly under the Standard Contract Form Instruction	cessed and reviewed all documents	incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to	provide any required documentation
upon request to support compliance, and agrees that	t all terms governing performance of	of this Contract and doing business in Massachusetts are at	tached 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, the Standard Contract Form	
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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.	TOP:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: .
AUTHORIZING SIGNATURE FOR THE CONTRACT		1111	3/1/27
X: (Signature and Date Must Be Captured	_ Date: 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	X: D (Signature and Date Must Be Captured A	ate: At Time of Signature)
Print Name: Mitchel IR. Vieira		// / / / / / / / / / / / / / / / / / /	
Print Name: m. tchelle. Vieira Print Name: Many Delman Print Title: Divider of Contracts and Advinistrator		Aclowany	

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COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: TOWN OF ROWE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
(and 0/ib/a): Legal Address: (W-9, W-4): 321 ZOAR RD, MA 01367-9728		Business Mailing Address: 1 Ashburton Pi, Boston M	A 02108
Contract Manager: JANICE BOUDREAU	Phone: 413-339-5520	Billing Address (If different):	
E-Mail: townadmin@rowe-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191961		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. 85	3
X NEW CONTRA	ст	CONTRACT AMENDA	The state of the s
PROCUREMENT OR EXCEPTION TYPE: (Check or	MARIO	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		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 Inforim Contract	
 Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F 		Contract Employee (Allach any updates to scope or bu	:dgel)
X Other Procurement Exception (Altach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lang	juage/justification and updated
specific exemption or earmark, and exception justif		scope and budget) Iowing Commonwealth Terms and Conditions document	are inserrorated by reference
		erms and Conditions X Commonwealth Terms and Conditions	
	ent certifies that payments for aut	norized performance accepted in accordance with the terms of	of this Contract will be supported
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.
		ons, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended), \$	peng amended.)
The state of the s	the state of the s	n EFT 45 days from invoice receipt. Contractors requesting ac	calarated naumants must identify
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 18	5 days % PPD; Payment issued within 20 days % PPI	D; Payment issued within 30 days
—% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cyclestatutory/legal or Ready Payments (M.G.L. c. 2	9, § 23A); only initial payment
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census data, at a current rate of \$12 per person. This	contract will cover any rate adjustn	nent or increase during the 10-year period Each municipal C	OA will complete an annual fiscal
report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22	All approved obligations incurred	prior to the latest signature date are intended to be part of this	agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:
1. may be incurred as of the Effective Date (latest			3 .0
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and no obligations have been incurred prior to the Effective	Date.
X 3, were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date below avments or as authorized reimburs	w, and the parties agree that payments for any obligations incoment 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 r	releases the Commonwealth from further claims related to the	se obligations.
CONTRACT END DATE: Contract performance sha	Il terminate as of June 30 , 20	32 , with no new obligations being incurred after Inis da	te unless the Contract is properly
amended, provided that the terms of this Contract as completing any negotiated terms and warranties, to all	nd performance expectations and low any close out or transition perf	obligations shall survive its termination for the purpose of re ormance, reporting, invoicing or final payments, or during any	lapse between amendments.
	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	"Effective Date" of this Contract or Amendment shall be the	
Amendment has been executed by an authorized six	natory of the Contractor, the Depa	artmont, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accordingly under the Standard Contract Form Instruction	assed and reviewed all documents as and Contractor Certifications und	incorporated by reference as electronically published and the fer the pains and penalties of perjury, and further agrees to pr	ovide any required documentation
upon request to support compliance, and agrees that	all terms governing performance o	I this Contract and doing business in Massachusetts are atta	ched 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a D		ago 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 terms result in best value, lower costs, or a more costs.		the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07, if Contract.	corporated nerein, provided that a	ny amended KFR of Response terms result in dest value, for	ABL COSTS' OF A WOLF COST ELECTIVE
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR: -//	AUTHORIZING SIGNATURE FOR THE COMMONWEA	. 1 . 1
x: (U	Date: 5/26 1.22	X:, Dat (Signature and Date Must Be Captured At	e: 6130/22.
X: (Signature and Date Must Be Captured A	t Time of Signature)	(Signature and Date Must Be Captured At	Time of Signature)
Print Name: Charles Sold		(Signature and Date Must Be Captured At Print Name: Beltman Print Title: Divertor A Contracts of	A Augustin
Print Title: b. S. Chart. Print		Line lide: Nindlan of Contract?	Man Man Man





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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF ROWLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 347, MA 01969-0847		Business Mailing Address: 1 Ashburton PI, Boston N	IA 02108	
Contract Manager: ELEANOR DAVIS Phone: 978-948-7637		Billing Address (if different):		
E-Mail: ellie.davis@townofrowley.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191962		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	В	
X NEW CONTRACT		etails of amendment changes.) ted scope and budget) act and updated scope/budget) audget) auguage/justification and updated at are incorporated by reference titions For Human and Social		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
ANTICIPATED START DATE: (Complete ONE optic	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. X3. were incurred as of, 20_1, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	and performance expectations and allow 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	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				
AUTHORIZING SIGNATURE FOR THE CONTRACT X: Book Grant Grant Signature and Date Must Be Captured	51/11/	X:	ate: 3/30/22. At Time of Signature)	



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Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made
on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.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/iists/osa-torms.				
CONTRACTOR LEGAL NAME: TOWN OF ROYALSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): PO BOX 1, MA 01368-0001		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: BETTY WOODBURY	Phone: 978-249-9656	Billing Address (if different):			
E-Mail: bos@royalston-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191963		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		
		e") details of amendment changes.) ated scope and budget) ract and updated scope/budget) budget) anguage/justification and updated nt are incorporated by reference			
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	into this Contract and are legally binding: (Check ONE option):				
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	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 census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustn. All approved obligations incurred pages.	ENT: This 10-year contract will cover grant funds to munic 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 esigned contract is 6/30/22. MA #3.	30/2022. The COAs established by r municipality as per the most recent I COA will complete an annual fiscal		
ANTICIPATED START DATE: (Complete ONE optic1. may be incurred as of the Effective Date (latest2. may be incurred as of, 20, a date LAX3. were incurred as of, 20_21, a date are authorized to be made either as settlement p	on only) The Department and Contra signature date below) and <u>no</u> obliga NTER than the Effective Date below to PRIOR to the Effective Date below to be ayments or as authorized reimburs	actor certify for this Contract, or Contract Amendment, that pations have been incurred <u>prior</u> to the Effective Date. If and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations between the payments, and that the details and circumstances of the releases the Commonwealth from further claims related to	ive Date. incurred prior to the Effective Date of all obligations under this Contract		
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a	all terminate as of <u>June 30</u> , 20 and performance expectations and	0.32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	date unless the Contract is properly f resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:					
X:		At Time of Signature)			



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
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Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF RUSSELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 407, MA 01071-0407		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HEATHER MORGAN	Phone: 413-862-6205	Billing Address (if different):	
E-Mail: hmorgan125@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191964		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	В
X NEW CONTRA		CONTRACT AMENDI	ALTERNATION OF THE PERSON OF T
PROCUREMENT OR EXCEPTION TYPE: (Check or	500 Dec.	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	etails 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 eme		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	uaget)
X Other Procurement Exception (Attach authorized specific exemption or earmark, and exception justice)	ng language, legislation with ication, scope and budget)	scope and budget)	guage/justilication and updated
The Standard Contract Form Instructions and Cor	tractor Certifications and the foll	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social
Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria X Rate Contract (No Maximum Obligation) Attack	lons or other non-appropriated fund details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	re being amended.)
		this contract (or <i>new</i> total if Contract is being amended). \$ _	<u>.</u>
		n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 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			
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
		ENT: This 10-year contract will cover grant funds to municip	nal Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by
MGI provide social and support services to older adu	Its, their families and caregivers, Th	ne annual award is determined by the number of elders per	municipality as per the most recent
report describing how these grant funds were applied	All approved obligations incurred	nent or increase during the 10-year period. Each municipal of the latest signature date are intended to be part of the	is agreement and the amount of
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #3.	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	a Data
2. may be incurred as of, 20, a date LA	A PRIOR to the Effective Date below	r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations in	ocurred prior to the Effective Date
are authorized to be made either as settlement to	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	nese obligations.
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	32 , with no new obligations being incurred after this d	ate unless the Contract is properly
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci	the latest date that this Contract or
approvals. The Contractor certifies that they have account	cessed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instruction	ns and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to p	provide any required documentation
upon request to support compliance, and agrees that all terms governing performance of 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			Form the Standard Contract Form
Instructions and Contractor Certifications, the Regu	est for Response (RFR) or other s	solicitation, the Contractor's Response (excluding any lang	uage stricken by a Department as
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on 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.		d the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07, Contract.	ncorporated herein, provided that a	any amended RFR or Response terms result in dest value, i	ower costs, or a more cost ellective
AUTHORIZING SIGNATURE FOR THE CONTRACT	ror:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
	A .	y. Mr h	ate. 3/23/22
X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)
Print Name: WAKHE J. PRECAHIL		Print Name: Haven Beilman	⇒ 11
Print Title: CHALL MAN BOS		Print Title: Divillar At landracts and	1 Allouthy