

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.

also posted at OSD Politis. Ittps://www.mass.gov/iists/	050-1011115.		
CONTRACTOR LEGAL NAME: TOWN OF WHATELY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 89, WHATELY, MA 01093-0089		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: Jennifer Remillard	Phone: 413-665-2141	Billing Address (if different):	
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192055		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) 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 refereinto this Contract and are legally binding: (Check ONE option):Commonwealth Terms and ConditionsX Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions or other non-appropriated funds, subject to intercept for Commonwealth owned debts under 815 CMR 9.00.			MENT, 20
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A);only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of			
1. 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 are attached and incorporated into this Contract.	n only) The Department and Contra signature date below) and <u>no</u> obliga TER than the Effective Date below the PRIOR to the Effective Date below ayments or as authorized reimburs Acceptance of payments forever r	actor certify for this Contract, or Contract Amendment, that Cations 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 ement payments, and that the details and circumstances of eleases the Commonwealth from further claims related to th	e Date. curred prior to the Effective Date all obligations under this Contract ese obligations.
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	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 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 COMMONWEALTH: X:			



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Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the 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.macs.mptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass	.gov/lists/osd-forms.		tps://www.macomptroller.org/forms.
CONTRACTOR LEGAL NAME: TOWN OF WHITMAN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 54 SOUTH AVE, WHITMAN, MA 02382-2052		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARY HOLLAND	Phone: 781-447-7619	Billing Address (if different):	
E-Mail: MHolland@whitman-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192056		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3
X NEW CONTRAC	т	CONTRACT AMENDA	MENT
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		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	, budget) 5 CMR 2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme	nt supporting documentation)	Interim Contract (Attach justification for Interim Contract	
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status For Employment Status For Employment Status For Employee)		Contract Employee (Attach any updates to scope or bu	
X Other Procurement Exception (Attach authorizing	g language, legislation with	Other Procurement Exception (Attach authorizing lang	guage/justification and updated
specific exemption or earmark, and exception justific		scope and budget)	are incorporated by reference
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	NE option): Commonwealth To	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social
in the state accounting system by sufficient appropriati	ons or other non-appropriated fund	norized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.
A STATE OF THE PROPERTY OF THE		ons, conditions or terms and any changes if rates or terms are	e being amended.)
THE RESIDENCE OF THE PARTY OF T	A STATE OF THE RESIDENCE OF THE PARTY OF THE	this contract (or new total if Contract is being amended). \$ _	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15 reason: X agree to standard 45	EFT 45 days from invoice receipt. Contractors requesting acting a	D; Payment issued within 30 days
Commonwealth authorized through the annual GAA ar MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the feather.	nd other sources. The activity performs, their families and caregivers. The contract will cover any rate adjustn All approved obligations incurred paward. The deadline to submit the		/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	contract obligations:
1. may be incurred as of the Effective Date (latest 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	n Date
X 3. were incurred as of July 1, 2021, a date are authorized to be made either as settlement page.	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in ement payments, and that the details and circumstances of a eleases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract ar	d performance expectations and	22, with no new obligations being incurred after this descriptions shall survive its termination for the purpose of rormance, 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 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and geres that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			



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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.	gov/lists/osd-forms.		Skoreki Kuranya Aki Canada aki	
CONTRACTOR LEGAL NAME: TOWN OF WILBRAHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 240 SPRINGFIELD ST, WILBRAHAM, MA 01095-2257		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
	Phone: 413-596-8379	Billing Address (if different):		
	ax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192058	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payme	nts.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B	
X NEW CONTRAC	T	CONTRACT AME	NDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one	Page 10 To 1	Enter Current Contract End Date Prior to Amendmen		
Statewide Contract (OSD or an OSD-designated D		Enter Amendment Amount: \$ (or "no char	nge")	
Collective Purchase (Attach OSD approval, scope, Department Procurement (includes all Grants - 81	budget) 5 CMR 2 00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attac Amendment to Date, Scope or Budget (Attach up		
Notice or RFR, and Response or other procuremen	it supporting documentation)	Interim Contract (Attach justification for Interim Co	ontract and updated scope/budget)	
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Formula)	ency, scope, budget)	Contract Employee (Attach any updates to scope	or budget)	
X Other Procurement Exception (Attach authorizin	g language, legislation with	Other Procurement Exception (Attach authorizing	language/justification and updated	
specific exemption or earmark, and exception justific	ation, scope and budget)	scope and budget)		
into this Contract and are legally binding: (Check O Services Commonwealth IT Terms and Conditions	NE option):Commonwealth T	lowing Commonwealth Terms and Conditions docur erms and Conditions X Commonwealth Terms and Co	onditions For Human and Social	
in the state accounting system by sufficient appropriation X Rate Contract. (No Maximum Obligation) Attach	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
the prior obligation for year one is funded in the FY22 a ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contr	actor certify for this Contract, or Contract Amendment, the	nat Contract obligations:	
1. may be incurred as of the Effective Date (latest s	ignature date below) and <u>no</u> oblig	pations have been incurred prior to the Effective Date.		
2. may be incurred as of , 20 , a date LA	TER than the Effective Date below	<i>r</i> and <u>no</u> obligations have been incurred <u>prior</u> to the Effe	ective Date.	
are authorized to be made either as settlement pa	ryments or as authorized reimburs	w, and the parties agree that payments for any obligatio sement payments, and that the details and circumstance releases the Commonwealth from further claims related	is of all obligations under this Contract	
CONTRACT END DATE: Contract performance shall amended provided that the terms of this Contract are	I terminate as of	0.32, with no new obligations being incurred after the obligations shall survive its termination for the purpose formance, reporting, invoicing or final payments, or during.	nis date unless the Contract is properly e of resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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 CONTRACTOR: X:				



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
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Tollis are also posted at OSD Follis. https://www.illas	is govillataiosu-ioritis.			
CONTRACTOR LEGAL NAME: TOWN OF WILLIAMSBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 141 MAIN RD, WILLIAMSBURG, MA 01096-9407		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MELISSA WILSON	Phone: 413-268-8407	Billing Address (if different):		
E-Mail: coa@burgy.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192059		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	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"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		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		
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	170 F2 T1 T	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen Ferms and Conditions _X_Commonwealth Terms and Condi		
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropria	tions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts unde	r <u>815 CMR 9.00</u> .	
		ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	wealth payments are issued through % PPD: Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PF	Ccelerated payments must identify 2D: Payment issued within 30 days	
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(subsequent payments scheduled to support standard		Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	-10	
Commonwealth authorized through the annual GAA a	and other sources. The activity perf	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by	
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the prior obligation for year one is funded in the FY22			is 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.		
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement of	PRIOR to the Effective Date below payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	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.	
CONTRACT END DATE: Contract performance sha	all terminate as of _June 30_, 20	32 , with no new obligations being incurred after this di	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	resolving any claim or dispute, for	
		formance, reporting, invoicing or final payments, or during an	-	
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	"Effective Date" of this Contract or Amendment shall be lartment, or a later Contract or Amendment Start Date specifier.	he latest date that this Contract or	
approvals. The Contractor certifies that they have acc	essed and reviewed all documents	incorporated by reference as electronically published and the	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	rovide any required documentation	
upon request to support compliance, and agrees that	all terms governing performance o	of this Contract and doing business in Massachusetts are attain The Massachusetts and Conditions, this Standard Contract	sched or incorporated by reference	
Instructions and Contractor Certifications, the Reque	est for Response (RFR) or other s	solicitation, the Contractor's Response (excluding any language)	uage stricken by a Department as	
unacceptable, and additional negotiated terms, provide	led that additional negotiated terms	will take precedence over the relevant terms in the RFR and	d the Contractor's Response only if	
Contract.	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			
AUTHORIZING, SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
	Date: 3-16.22	11	te: 3/23/22	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)	
Print Name: DAVIDE. MAT		Print Name: Navon Bulenan		
Print Title: CHAIR BD OF SELECTHEN Print Title: Director of Contracts and Mellorubus		Molovalong		



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Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms	6 S2		
CONTRACTOR LEGAL NAME: TOWN OF WILLIAMSTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 31 NORTH ST, WILLIAMSTOWN, MA 01267-2003		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BRIAN O'GRADY Phone: 413-458-8250		Billing Address (if different):		
E-Mail: bogrady@williamstownma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192060		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000009		
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Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope	or budget)	
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing	language/justification and updated	
specific exemption or earmark, and exception justi		scope and budget)		
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions docun ferms and Conditions X Commonwealth Terms and Co	nent are incorporated by reference nditions For Human and Social	
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for aut	horized performance accepted in accordance with the ter	ms of this Contract will be supported	
in the state accounting system by sufficient appropria	tions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts up	nder 815 CMR 9.00.	
X Rate Contract. (No Maximum Obligation) Attack Maximum Obligation Contract. Enter total maximum	n details of all rates, units, calculati mum obligation for total duration of	ons, conditions or terms and any changes if rates or term this contract (or new total if Contract is being amended).	\$.	
		h EFT 45 days from invoice receipt. Contractors requesting		
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, identify	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L	. c. 29, § 23A); only initial payment	
(subsequent payments scheduled to support standard	NCF or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to mur	icipal Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perf	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 adu	Its, their families and caregivers. T	he annual award is determined by the number of elders present or increase during the 10-year period. Each municip	er municipality 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	f this agreement and the amount of	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #4.	at Contract abligations:	
		actor certify for this Contract, or Contract Amendment, the pations have been incurred prior to the Effective Date.	at Contract obligations.	
2 may be incurred as of the Ellective Date (latest	Signature date below) and <u>no</u> oblig	and <u>no</u> obligations have been incurred <u>prior</u> to the Effe	ctive Date.	
X 3 were incurred as of July 1 . 20 21 a dat	e PRIOR to the Effective Date belo	w, and the parties agree that payments for any obligation	s incurred prior to the Effective Date	
are authorized to be made either as settlement r	payments or as authorized reimburs	sement payments, and that the details and circumstances	s of all obligations under this Contract	
		releases the Commonwealth from further claims related to		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after the obligations shall survive its termination for the purpose	of resolving any claim or dispute, for	
completing any negotiated terms and warranties, to a	illow any close out or transition per	formance, 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				
unacceptable, and additional negotiated terms, provided made using the process outlined in 801 CMR 21.07, Contract.	ded that additional negotiated terms incorporated herein, provided that	s will take precedence over the relevant terms in the KFR any amended RFR or Response terms result in best valu	e, lower costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACT	TOR:	AUTHORIZING SIGNATURE FOR THE COMMON		
X. Kralles T. Sauchard (Signature and Date Must Be Captured	Date: 2/16/2/2	X: //// //	Date: 7/9/0/	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Capture	d At Time of Signature)	
Print Name: CHARLES T. BLANCIHA Print Title: IN TERIM TOWN MANA	+16D.	Print Name:	S and the excellen	
X: Mules T. Sauchand. Date: 2/16/2.7 (Signature and Date Must Be Captured At Time of Signature) Print Name: CHARLES T. BLANCHARD. Print Title: INTERIM TOWN MANAGER. X: Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: INTERIM TOWN MANAGER.		1 South Mills on A. A.		



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.macs.gov/lists/osd-forms.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WILMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 121 GLEN RD, WILMINGTON, MA 01887-3542		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: TERRI MARCIELLO	Phone: 978-657-7595	Billing Address (if different):	
E-Mail: tmarciello@wilmingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192061		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 85	3
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	5857	Enter Current Contract End Date Prior to Amendment:	, 20 <u>.</u>
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach de	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Emergency Contract (Attach justification for emergency	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorize	ng language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth Te	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions 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	r <u>815 CMR 9.00</u> .
Maximum Obligation Contract Enter total maxim	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$_	e boiling amondout,
		n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	y 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	NCF or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municip	oal 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
MGL provide social and support services to older adu	ilts, their families and caregivers. The	ne annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal (nunicipality as per the most recent COA will complete an annual fiscal
report describing how these grant funds were applied	, All approved obligations incurred p	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	award. The deadline to submit the	e signed contract is 6/30/22. MA #4.	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <u>prior</u> to the Effective Date.	Johraci obligations.
1. may be incurred as of the Effective Date (latest	Signature date below) and <u>no</u> oblig	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
X 3 were incurred as of July 1 . 20 21 . a dat	e PRIOR to the Effective Date 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 in	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	
amended provided that the terms of this Contract a	all terminate as of <u>June 30</u> , 20 and performance expectations and	32 , with no new obligations being incurred after this d 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 ar	ıy lapse between amendments.
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 ac	cessed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form 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, 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 lang	juage stricken by a Department as
made using the process outlined in 801 CMR 21.07,	incorporated herein, provided that	any amended RFR or Response terms result in best value, I	ower costs, or a more cost effective
Contract.		-	
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	/ 6 /
X: Affry M. Hull (Signature and Date Must Be Captured	Date: Of Signatural	X: Discontinued A	ate:
Print Name: Jeffrey M. Hull	At Time of Signature)	Print Name: A VIV Boll In Inc.	it Time of Orginature)
Print Title: Town Manag	t/ ·	X:	and Arravalle
Frink Hills.	•		11100



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.

also posted at COD 1 offils. https://www.mass.gov/iists/o	<u>50-1011115</u> ,			
CONTRACTOR LEGAL NAME: TOWN OF WINCHENDON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 109 FRONT ST, WINCHENDON, MA 01475-1758		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SHEILA BETTRO	Phone: 978-297-3155	Billing Address (if different):		
E-Mail: winchendoncoa@msn.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192062		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000009	T EAR OTH TEL OOD	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRAC	r.T	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on	585	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated II Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81 Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emergency Contract (Attach Employment Status Foundation (Attach Employment Status Foundation (Attach Employment Status Foundation (Exception (Attach Employment Status Foundation (Exception (Exception (Exception Specific exemption or earmark, and exception justification)	Department) , budget) 5 CMR 2.00) (Solicitation nt supporting documentation) gency, scope, budget) orm, scope, budget) ng 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)		
The Standard Contract Form Instructions and Cont	ractor Certifications and the fol	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriati X Rate Contract. (No Maximum Obligation) Attach	ons or other non-appropriated fundetails of all rates, units, calculate	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$	815 CMR 9.00.	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15 reason: <u>X</u> agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting at 5 days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (M.G.L. c. : Prompt Pay Discounts Policy.)	D: Payment issued within 30 days	
Commonwealth authorized through the annual GAA ar MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22	nd other sources. The activity performs, their families and caregivers. The contract will cover any rate adjustroally approved obligations incurred award. The deadline to submit the		/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal is agreement and the amount of	
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
1. may be incurred as of the Effective Date (latest s			D-1-	
_X 3. were incurred as of _July 1 , 20 21 , a date are authorized to be made either as settlement page.	PRIOR to the Effective Date below ayments or as authorized reimburs	r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract	
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da 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 "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:			te: <u>U (301 °C</u> :Time of Signature)	

13

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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF WINCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 71 MOUNT VERNON ST, WINCHESTER, MA 01890- 2706		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PHILLIP BELTZ	Phone: 781-721-7136	Billing Address (if different):		
E-Mail: pbeltz@winchester.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192063		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d		
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		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth Te	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropriat	tions or other non-appropriated fund	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.	
X Rate Contract. (No Maximum Obligation) Attach	n details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms a	re being amended.)	
		this contract (or <i>new</i> total if Contract is being amended). \$_		
a 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 15 y reason: _X_agree to standard 45 d EFT 45 day payment cycle. See P	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PF day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	D; Payment issued within 30 days 29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recensus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscensisting how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of			
ANTICIPATED START DATE: (Complete ONE option	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> oblig	ations have been incurred <u>prior</u> to the Effective Date. r and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.	
X 3 were incurred as of July 1 20 21 a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement of	payments or as authorized reimburs	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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 it made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured	Date: 2/23/22	X: Date Must Be Captured A	ate: 7/9/00.	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t time of Signature)	
Print Name: Beth Rudown Print Title: Acting TOWN M	enager	Print Name: Handy M. Jun Van S.	MAN Archard I un	
Print Title: Acting Town Manager		Time interpretation of their words	THE MILLS	



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Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made
on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macs.gov/lists/osd-forms.
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 WINDSOR (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 146, CHESHIRE, MA 01225-0146		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SUSAN JACOBS	Phone: 413-684-3771	Billing Address (if different):		
E-Mail: rmspj1@verizon.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192066		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRA	CT	CONTRACT AMENDA	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment: _	, 20 <i>.</i>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or bi		
Contract Employee (Attach Employment Status F X_Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing language)		
specific exemption or earmark, and exception justif		scope and budget)	,	
into this Contract and are legally binding: (Check of ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth Te	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social	
in the state accounting system by sufficient approprial X Rate Contract. (No Maximum Obligation) Attack	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	_% PPD; Payment issued within 15 / reason: _X_agree to standard 45 d EFT 45 day payment cycle. See P		D; Payment issued within 30 days 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	and other sources. The activity perfo lts, their families and caregivers. The contract will cover any rate adjustn . All approved obligations incurred p	ENT: This 10-year contract will cover grant funds to municiper primance period for year one of this contract is 7/1/2021-6/30, the annual award is determined by the number of elders per in nent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #4.	/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal	
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	5500	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in ement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of rormance, reporting, invoicing or final payments, or during any	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Cignature and Date Must Be Captured At Time of Signature)				
Print Title: Select Sound: (Signature) (Signature and Date Must Be Captured At Time of Signature) Print Title: Select Sound: Print Title: Print Title: Print Title: Make the Contracts of According to the Contracts of			According	

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

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF WINTHROP (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 METCALF SQ, WINTHROP, MA 02152-3159		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
	Phone: 617-846-8538	Billing Address (if different):		
E-Mail: winthropoutreach@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192064		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	3	
X NEW CONTRAC	et .	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 [75.7	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 81 Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status For X_Other Procurement Exception (Attach authorizing X_Other Procurement Exception (Attach authorizing X_OTHER)		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justifi		scope and budget)	0 0 ,	
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	tractor Certifications and the fol DNE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriati	ons or other non-appropriated fund	norized performance accepted in accordance with the terms 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.	
		this contract (or <i>new</i> total if Contract is being amended). \$ _	<u> </u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.				
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
1. may be incurred as of the Effective Date (latest s			5- 4	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement pa	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in ement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever r	eleases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract ar	CONTRACT END DATE: Contract performance shall terminate as ofJune 30, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				



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

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.	97		
CONTRACTOR LEGAL NAME: CITY OF WOBURN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 COMMON ST, WOBURN, MA 01801-6702		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MARIE LINGBLOM Phone: 781-937-7899		Billing Address (if different):		
E-Mail: mlingblom@cityofwoburn.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192142		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check on	SS-SS-	Enter Current Contract End Date <u>Prior</u> to Amendment:	0900-099029	
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	5 3	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update	No. 124 CONTRACTOR AND	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F- X_ Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justifi		scope and budget)	gaagorjaotiiioation ana apaatoa	
	ONE option): Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat _X_Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amonded).	r <u>815 CMR 9.00</u> .	
	200 10 10 10 10 10 10 10 10 10 10 10 10 1	this contract (or new total if Contract is being amended). \$ _	Tig: No As I to State Made	
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 15 reason: _X_agree to standard 45 I EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29. § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adul census data, at a current rate of \$12 per person. This	nd other sources. The activity perfo lts, their families and caregivers. Th contract will cover any rate adjustn . All approved obligations incurred p	ENT: This 10-year contract will cover grant funds to municipormance period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal Corior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	10.00	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	, , , , , , , , , , , , , , , , , , , ,	4.00 4 (1940) 6-10 40.00 (4.00 4 (1940) 6-10 6 (1940) 6-10 6 (1940) 7 (1940	D .	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	ement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever r	eleases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract at	nd performance expectations and	32 , with no new obligations being incurred after this disobligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Name: Print Name: Print Name: Print Name:				
Print Title:		Print Name: Now of Character	and Accounty	

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

orms are also posted at OSD Forms: https://www.mass	s.yov/iists/050-i0fffis.		
CONTRACTOR LEGAL NAME: CITY OF WORCESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 455 MAIN ST, WORCESTER, MA 01608-1821		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: AMY VOGEL WATERS	Phone: 508-799-8063	Billing Address (if different):	
E-Mail: watersa@worcesterma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192145	1.0059	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) XOther Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Corinto this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	tractor Certifications and the foll DNE option):Commonwealth To	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
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 report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	and other sources. The activity performs, their families and caregivers. The contract will cover any rate adjusts. All approved obligations incurred award. The deadline to submit the	ENT: This 10-year contract will cover grant funds to municipormance period for year one of this contract is 7/1/2021-6/30 are annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal orior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #4.	/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 option	on only) The Department and Contr	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 no oblig	ations have been incurred <u>prior</u> to the Effective Date.	a Data
X 3. were incurred as of July 1, 2021, a dat	e PRIOR to the Effective Date below payments or as authorized reimburs	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 ement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	and performance expectations and flow any close out or transition perf	32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for ny lapse between amendments.
Amendment has been executed by an authorized significance approvals. The Contractor certifies that they have accrequired 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 Requestion of the contractor Certifications, the Requestion of the Contractor Certifications and additional negotiated terms, provided the contractor of the cont	gnatory of the Contractor, the Deparessed and reviewed all documents ins and Contractor Certifications under all terms governing performance of ent precedence, the applicable Contest for Response (RFR) or other standard that additional negotiated terms incorporated herein, provided that a force. Date: Date: At Time of Signature)	"Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to perform the contract and doing business in Massachusetts are attended to the contract of this Contract and Conditions, this Standard Contract of colicitation, the Contractor's Response (excluding any lang is will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, in AUTHORIZING SIGNATURE FOR THE COMMONWE. X: Signature and Date Must Be Captured A Print Name:	fied above, subject to any required e Contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
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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 Contract Form Instructions by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.mass.gov/lists/osd-forms.

Forms are also posted at OSD Forms: https://www.ma	ass.gov/lists/osd-forms	mactors are required to access published forms at CTR Forms: t	https://www.macomptroller.org/form		
CONTRACTOR LEGAL NAME: TOWN OF WORTHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 160 HUNTINGTON RD, WORTHINGTON, MA 01098- 9505		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: SHELLEY RICE	Phone: 413-238-5962	Billing Address (if different):			
E-Mail: coa@worthington-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell			
Contractor Vendor Code: VC6000192067		E-Mail: Stacey.oconnell@mass.gov	Phone: 617-222-7419		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000000	Fax: 617-727-9368		
(Note: The Address ID must be set up for EFT payments.)					
X NEW CONTRA	X NEW CONTRACT		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT AMENDMENT			
Statewide Contract (OSD or an OSD designated Department)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change")			
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice of PRES)		AMENDMENT TYPE: (Check one option only, Attach details of amondment absence)			
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Total i rocutement Exception (Attach authorizi	na languaga lanialatian	Contract Employee (Allach any updates to scope or his	— Contract Employee (Attach any Updates to scope or hudget)		
The Standard Contract Form Instructions and Con	cation, scope and budget)	The casgon	Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
into this Contract and are legally binding: (Check	DNE option): Commonwealth	allowing Commonwealth Terms and Conditions document. Terms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference		
Conditions and Conditions		Sommonwealth Terms and Condition	ons For Human and Social		
in the state accounting system by sufficient appropriate	nent certifies that payments for au	athorized performance accepted in accordance with the terms o	f this Contract will be sure at a		
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a PPD as follows: Payment issued within 10 days					
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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 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 the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/3/0/2002. An ###					
the prior obligation for year one is funded in the FY22 a	All approved obligations incurred	prior to the latest signature date are intended to be part of this	A Will complete an annual fiscal		
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Center	meter and if it is it is a	-gsmort and the tailoulit of		
1. may be incurred as of the Effective Date (latest si	gnature date below) and no oblid	actor certify for this Contract, or Contract Amendment, that Cor	tract obligations:		
			and a		
are authorized to be made either as settlement as	PRIOR to the Effective Date belo	y and <u>no</u> obligations have been incurred <u>prior</u> to the Effective D w, and the parties agree that payments for any obligations incur sement payments, and that the details and significant in the prior of the control	red prior to the Effective Data		
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from fault and circumstances of all	obligations under this Contract		
CONTRACT END DATE: Contract performance about	tameirata E t as a	The state of the s	e obligations.		
completing any negotiated terms and warmsties, to all	performance expectations and	32 , with no new obligations being incurred after this date obligations shall survive its termination for the purpose of resonance, reporting invoicing or final payments, as desired.	unless the Contract is properly		
Amendment has been executed by an authorized size	presentations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	latest date that this Contract as		
approvals. The Contractor certifies that they have recorded and with the contract of American Diality Diality Specified above subject to any married and					
upon request to support compliance, and agrees that all terms required documentation.					
ideliii according to the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of document precedence the second of the following hierarchy of the second of t					
Instructions and Contractor Certifications the Possess for Possess (PER)					
nacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response (excluding any language stricken by a Department as nade 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		ny amended RFR of Response terms result in best value, lower	costs, or a more cost effective		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR	R: //	AUTHORIZING SIGNATURE FOR THE COMMONWEALTS	y		
K: Dalbara VIIII on Date: 4/16/22		An 2 1/h 6/74/22			
(Signature and Date Must Be Captured At Time of Signature)		(Signature and Date Must Be Captured At Time of Signature)			
Print Title: ACCAIN YOUR	<u></u> :	Print Name: HMM Boilman			
Eric Kinshari CPA					

(Updated 7/22/2021) Page 1 of 94

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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					
CONTRACTOR LEGAL NAME: TOWN OF WRENTHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
(and d/b/a): Legal Address: (W-9, W-4): 79 SOUTH ST, WRENTHAM, MA 02093-1526		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: JANET A. ANGELICO	Phone: 508-384-5425	Billing Address (if different):			
E-Mail: jangelico@wrentham.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192068	T UNI	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
		MMARS Doc ID(s): 02082200000000000000			
Vendor Code Address ID (e.g. "AD001"): AD <u>001 .</u> (Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B			
		CONTRACT AMENDMENT			
X NEW CONTRACT		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Amendment Amount: \$, (or "no change")			
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		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 Emergency Contract (Attach justification for emer	aency, scope, budget)	Interim Contract (Attach justification for Interim Contract 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 authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)			
The Standard Contract Form Instructions and Con	tractor Certifications and the foll	owing Commonwealth Terms and Conditions document	are incorporated by reference		
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _X Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions					
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported		
in the state accounting system by sufficient appropriate	ions 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	e being amended.)		
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or new total if Contract is being amended). \$ _			
		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 % PP	D; Payment issued within 30 days		
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment		
RDIEF DESCRIPTION OF CONTRACT PERFORMA	NCF or REASON FOR AMENDME	NT: This 10-year contract will cover grant funds to municipal	al Councils on Aging (COA) of the		
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	/2022. The COAs established by		
MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recensus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fisc					
report describing how these grant funds were applied	 All approved obligations incurred p 	prior to the latest signature date are intended to be part of this	is 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 #4.			
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	ontract obligations.		
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date 2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.					
X 3 were incurred as of July 1 20 21 a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date					
are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract					
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as of <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					
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination of the purpose of resolving any stand of all the 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					
I 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.	ron.	ALITHOPIZING SIGNATURE FOR THE COMMONWE	AI TH-		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: Date: 2-/8-22		X:			
(Signature and Date Must Be Captured At Time of Signature) Print Name:		Print Name: Aww Nei Mum			
Print Name: New Nethans Print Title: New of Contracts med New Vitalis and New					



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.

y reference herein. Additional non-conflicting terms may forms are also posted at OSD Forms: https://www.mass	be added by Attachment. Contract s.gov/lists/osd-forms.	ors are required to access published forms at CTK Points.			
CONTRACTOR LEGAL NAME: TOWN OF YARMOUTH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
(and d/b/a): Legal Address: (W-9, W-4): 1146 ROUTE 28, SOUTH YARMOUTH, MA 02664-4463		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
	Phone: 508-394-7606	Billing Address (if different):			
Contract Manager: DIANE KÂNE	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
E-Mail: dkane@yarmouth.ma.us	rax:	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Contractor Vendor Code: VC6000192069		MMARS Doc ID(s): 0208220000000000000			
Vendor Code Address ID (e.g. "AD001"): AD 001.		RFR/Procurement or Other ID Number: MGL c. 40 s. 8B			
(Note: The Address ID must be set up for EFT payments.)		CONTRACT AMENDMENT			
X NEW CONTRACT		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)		Enter Amendment Amount: \$ (or "no change")			
		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)			
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date. Scope or Budget (Attach updated scope and budget)			
Notice or RFR, and Response or other procurem Emergency Contract (Attach justification for eme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or budget)			
Y Other Procurement Exception (Attach authorizing language, legislation with		Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)			
specific exemption or earmark, and exception justi		I Commonwealth Torms and Conditions docume	nt are incorporated by reference		
specific exemption or earmark, and exception justification, scope and budgety The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions For Human and Social into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and ConditionsX_ Commonwealth Terms and Conditions 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. In the state accounting system by sufficient appropriation of the state accounti					
Maximum Obligation Contract. Enter total max	imum obligation for total duration o	This contract (of new total is contract to being amortion).	accelerated payments must identify		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 20 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days a PPD as follows: Payment issued within 20 days% PPD; Payment issued within 30 days a PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
(subsequent payments scheduled to support standard EFT 45 day payment cycle: See Health 145 day payment by deep the proof of the 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 #4.					
ANTIQUEATED STADT DATE: (Complete ONE ont	ion only) The Department and Con	tractor certify for this Contract, or Contract Amendment, the	at Contract obligations:		
	t cignature date below) and no obl	idations have been incurred prior to the Ellective Date.			
			tive Date.		
 1. may be incurred as of the Effective Date (latest signature date block) 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 3. were incurred as of, 20, 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					
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 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 approvals. The Contract or Certification approvals of the Standard Contract Form Instructions and Contract Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation required under the Standard Contract Form Instructions and Contract or Certifications, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor form Instructions and Contract or Certifications, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor Form Instructions and Contract or Certifications, the Contract of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor form Instructions and Conditions, the Standard Contract Form Instructions and Conditions, this Standard Contract Form Instructions and Conditions, this Standard Contract Form Instructions and Conditions, this Standard Contract Form Instructions and Contract Form Instructions and Conditions, the Standard Contract Form Instructions and Conditions, the Standard Contract Form Instructions and Conditions, the Standard Contract Form Instructions and					
Print Title: Town Ramini Strater. Print Title: Villing of Gurvary					