

Forms are also posted at OSD Forms: https://www.mas	ss.gov/lists/osd-torms.			
CONTRACTOR LEGAL NAME: TOWN OF ABINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 500 GLINIEWICZ WAY, ABINGTON, MA 02351-2058		Business Mailing Address: 1 Ashburton PI, Boston N		
Contract Manager: SUZANNE DJUSBERG Phone: 781-982-2145		Billing Address (if different):	,	
E-Mail: Sdjusberg@abingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191688	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X_ NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		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		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial 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	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 #1.			
	•	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	- Data	
		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		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	32, with no new obligations being incurred after this do 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 Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by 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 CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name:            Print Title:    Print Title:				



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CONTRACTOR LEGAL NAME: TOWN OF ACTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 472 MAIN ST, ACTON, MA 01720-3952		Business Mailing Address: 1 Ashburton PI, Boston I	MA 02108
Contract Manager: SHARON MERCURIO	Phone: 978-929-6652	Billing Address (if different):	
E-Mail: smercurio@acton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191689		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
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Emergency Contract (Attach justification for em		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authorities)		Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception jus		scope and budget)	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$	er <u>815 CMR 9.00</u> .
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	*/	actor certify for this Contract, or Contract Amendment, that of patients have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
2. may be incurred as of, 20, a date L	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract	and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contramendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any recapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documen upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost efficient contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications brovide 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
X:(Signature and Date Must Be Captured		X:	ite:
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Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	<del>.</del>



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CONTRACTOR LEGAL NAME: TOWN OF ACUSHNET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 122 MAIN ST, ACUSHNET, MA 02743-1548		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HEATHER SYLVIA	Phone: 508-998-0280	Billing Address (if different):	
E-Mail: hsylvia@acushnet.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191690		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	-
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
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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	• ,
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Contract Employee (Attach Employment Status I X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions For Human and Social
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificated required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of Mathematical RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  Authorizing Signature for the Commonwealth:			
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:
	- · · · · · · · · · · · · · · · · · · ·		
Print Name:		Print Name:	<del>.</del>
Print Title:		Print Title:	<del>.</del>



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CONTRACTOR LEGAL NAME: TOWN OF ADAMS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 8 PARK ST, ADAMS, MA 01220-2053		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ERICA GIRGENTI	Phone: 413-743-8333	Billing Address (if different):		
E-Mail: egirgenti@town.adams.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191691		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Print Name:		Print Name:		
Print Title:		Print Title:		



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Legal Address: (W-9, W-4): 36 MAIN ST, AGAWAM, MA 01001-1801		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: MICHAEL SQUINDO	Phone: 413-821-0605	Billing Address (if different):		
E-Mail: msquindo@agawam.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191692		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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specific exemption or earmark, and exception just		scope and budget)	.gaago,jacancaacon ana apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this doubligations 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 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 req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifical required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departme 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 contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:		
Print Title:		Print Title:		



Torris are also posted at OSD Forris. Ittps://www.mass	<u>5.g0v/ii5t5/05u-i0i1115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF ALFORD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 5 ALFORD CENTER RD, GREAT BARRINGTON, MA 01230-8920		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: THEA BASIS	Phone: 413-528-9238	Billing Address (if different):	
E-Mail: offices@townofalford.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191687		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	CT	CONTRACT AMENDA	WENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")	)
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status For X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach Employment Status For X_ Other Pro		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing land	
specific exemption or earmark, and exception justifi		scope and budget)	guage/justification and updated
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	
in the state accounting system by sufficient appropriati  X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this context (or new total) if Context is being accorded.	r <u>815 CMR 9.00</u> .
		this contract (or <b>new</b> total if Contract is being amended). \$_	<u>.</u>
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day 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 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 establis 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 more 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 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 #1.			/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:
1. may be incurred as of the Effective Date (latest s			D 4
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	and $\underline{no}$ obligations have been incurred $\underline{prior}$ to the Effective $w$ , and the parties agree that payments for any obligations increment 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	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 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 an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all or required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required doc upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated be herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Con Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response terms result in best value, lower costs, or a more of Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			ied above, subject to any required contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form lage stricken by a Department as it the Contractor's Response only if wer costs, or a more cost effective
<b>x</b> :	Date:	X: Dat (Signature and Date Must Be Captured At	te:
X:	t Time of Signature)	(Signature and Date Must Be Captured At	Time of Signature)
Print Name:	<u>.</u>	Print Name:	<u></u>
		Print Title	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF AMESBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 62 FRIEND ST, AMESBURY, MA 01913-2825		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DOREEN ARNFIELD	Phone: 978-388-8138	Billing Address (if different):	
E-Mail: arnfieldd@amesburyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191693		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this day 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 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 requive 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 Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documenta upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refere herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title: F		Print Title:	<u>.</u>



Torris are also posted at OSD Forms. https://www.mas	<u>.s.gov/iists/osu-iorris</u> .		
CONTRACTOR LEGAL NAME: TOWN OF AMHERST (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 4 BOLTWOOD AVE, AMHERST, MA 01002-2301		Business Mailing Address: 1 Ashburton PI, Boston N	 IA 02108
Contract Manager: HAYLEY BOLTON	Phone: 413-259-3060	Billing Address (if different):	
E-Mail: boltonh@amherst.ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191695	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B
X NEW CONTRA	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		scope and budget)	guago/justification and updated
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total 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 to 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 to MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most reconsus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fis report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.			1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.  and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data
<u> </u>		w, and the parties agree that payments for any obligations in	
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the	<b>J</b>
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 Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificat required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference 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's Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated t			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 lage stricken by a Department as the Contractor's Response only if ower costs, or a more cost effective
X:(Signature and Date Must Be Captured A	Date:	X:   Date Must Be Captured At	te:
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Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	<u>.</u>



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ANDOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 36 BARTLET ST, ANDOVER, MA 01810-3841		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: JANE BURNS Phone: 978-623-8225		Billing Address (if different):		
E-Mail: jane.burns@andoverma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191696		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	rgency, 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 Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea	
	ONE option): <u>Commonwealth T</u>	llowing 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) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial 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	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prement or increase during the 10-year period. Each municipal Caprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			. D. I.	
· ·		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32 , with no new obligations being incurred after this day 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentati upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:		
	· ·			



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF AQUINNAH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 65 STATE RD, AQUINNAH, MA 02535-1345		Business Mailing Address: 1 Ashburton Pl, Boston M	MA 02108
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):	
E-Mail: upicoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191796		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scored Department Procurement (includes all Grants		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	1
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</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 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 MGL provide social and support services to older additionable census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustron. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of 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 effector contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured		X: Da (Signature and Date Must Be Captured A	ite:
Print Name:		Print Name: Print Title:	
Print Title:		1 1111t 11tt-	<u>-</u>



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF ARLINGTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 730 MASSACHUSETTS AVE, ARLINGTON, MA 02476- 4906		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KRISTINE SHAH	Phone: 781-316-3401	Billing Address (if different):	
E-Mail: kshah@town.arlington.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191698	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		scope and budget)	iguage/justilication and updated
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	r <u>815 CMR 9.00</u> .
		this contract (or <b>new</b> total if Contract is being amended). \$ _	<u>·</u>
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 <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days
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 perfects, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipe ormance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per repent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
<u> </u>	· — ·	ations have been incurred prior to the Effective Date.	<b>D</b> .
_X_3. were incurred as of _July 1_, 20 21, a date are authorized to be made either as settlement p	e <b>PRIOR</b> 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 releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract at	nd performance expectations and	32 , with no new obligations being incurred after this do 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 to Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specifications. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to pupon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attainer in according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languanceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, to Contract.		fied above, subject to any required a Contractor makes all certifications or ovide any required documentation ached or incorporated by reference Form, the Standard Contract Formuage stricken by a Department as d the Contractor's Response only if	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:
Print Name:	<del></del>	Print Name:	
Print Title: .		Print Title: .	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF ASHBURNHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 32 MAIN ST, ASHBURNHAM, MA 01430-4202		Business Mailing Address: 1 Ashburton Pl, Boston M	ЛА 02108
Contract Manager: JAN ROBBINS	Phone: 978-827-5000	Billing Address (if different):	
E-Mail: jrobbins@ashburnham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191699		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	;B
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for eme	rgency, 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 authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	.gaagorjacancaacon ana apaatea
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions For Human and Social
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</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 cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	ind performance expectations and	<u>9.32</u> , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requive 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 Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documenta upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departmen unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response or made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:
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Print Name:		Print Name:	<del>.</del>
Print Title:		Print Title:	<u></u> :



Torris are also posted at OSD Forms. https://www.ma	<u>55.g0v/ii5t5/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ASHBY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 895 MAIN ST, ASHBY, MA 01431-0155		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: COREY HARJU	Phone: 978-386-2424	Billing Address (if different):		
E-Mail: coa@ashbyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191700	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT payer		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
X NEW CONTRA	ACT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check of		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		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		scope and budget)	.gaago,jacancaacon ana apaatea	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the	<b>J</b>	
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this day 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 certification: required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	. Date:	X: Da	ite:	
	= :	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:		



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF ASHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 560, ASHFIELD, MA 01330-0560		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: AMANDA JOAO	Phone: 413-625-2502	Billing Address (if different):		
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191702		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	ßB	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change		
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Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
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specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun h details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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.)			
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`	• / •	actor certify for this Contract, or Contract Amendment, that opations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	Date:	X:	ite:	
	= :			
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ASHLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 101 MAIN ST, ASHLAND, MA 01721-1193		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: JOANNE DUFFY Phone: 508-881-0140		Billing Address (if different):		
E-Mail: jduffy@ashlandmass.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191703	,	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	rgency, 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 Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)		
	ONE option): <u>Commonwealth T</u>	llowing 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) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 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.)				
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	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			D. (	
· ·		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		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	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 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: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name: Print Title:		Print Name:Print Title:	<u></u>	
	<del></del>		<del></del>	



Forms are also posted at OSD Forms: https://www.mas	<u>ss.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ATHOL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 584 MAIN ST, ATHOL, MA 01331-1824		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: CATHY A. SAVOY Phone: 978-249-8986		Billing Address (if different):		
E-Mail: coa@townofathol.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191704		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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		ations have been incurred prior to the Effective Date.	<b>D</b> .	
· · · · · · · · · · · · · · · · · · ·		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: CITY OF ATTLEBORO (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 77 PARK ST, ATTLEBORO, MA 02703-2334		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MELISSA TUCKER	Phone: 774-203-1900	Billing Address (if different):		
E-Mail: coa@cityofattleboro.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192072		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF AUBURN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 104 CENTRAL ST, AUBURN, MA 01501-2343		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JEAN BOULETTE	Phone: 508-832-7799	Billing Address (if different):		
E-Mail: jboulette@town.auburn.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191706		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
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Print Title:		Print Title:	<del>.</del>	



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CONTRACTOR LEGAL NAME: TOWN OF AVON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 65 E MAIN ST, AVON, MA 02322-1435		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANE CARTHAS	Phone: 508-588-0414	Billing Address (if different):		
E-Mail: JCarthas@avon-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
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X:(Signature and Date Must Be Captured	. Date:	X: Da (Signature and Date Must Be Captured A	ite:	
Print Name:		Print Name:	<del>:</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF AYER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 MAIN ST, AYER, MA 01432-1365		Business Mailing Address: 1 Ashburton PI, Boston I	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KARIN DYNICE-SWANFELD	Phone: 978-772-8260	Billing Address (if different):		
E-Mail: KDSWANY@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191709		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	-	
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach of	• ,	
Notice or RFR, and Response or other procuren		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authorized)		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions document Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$	er <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identi (subsequent payments scheduled to support standar	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 MGL provide social and support services to older ad census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The sontract will cover any rate adjustron. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	ractor certify for this Contract, or Contract Amendment, that or pations have been incurred <b>prior</b> to the Effective Date.	Sontract obligations:	
<u> </u>		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required occumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured		X:	ite:	
Print Name:		Print Name:	<u> </u>	
Print Title:		Print Title:	<u>·</u>	



<u> </u>			
CONTRACTOR LEGAL NAME: TOWN OF BARNSTABLE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	A 02400
Legal Address: (W-9, W-4): 367 MAIN ST, HYANNIS, MA 02601-3919		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DONNA-MARIE BURNS	Phone: 508-862-4759	Billing Address (if different):	DI 047 000 7440
E-Mail: Donna- Marie.Burns@town.barnstable.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191710		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
_X_ NEW CONTRA	СТ	CONTRACT AMENDA	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I	Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency Contract)	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status For X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach Employee)		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justifi		scope and budget)	juage/justilication and updated
The Standard Contract Form Instructions and Con-	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under	
		ons, conditions or terms and any changes if rates or terms ar this contract (or <b>new</b> total if Contract is being amended). \$_	a being amended.)
	•	, , _	
a PPD as follows: Payment issued within 10 days	% PPD: Payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting <b>ac</b> 5 days % PPD; Payment issued within 20 days % PPI	D: Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c. 2	
(subsequent payments scheduled to support standard			10 " 11 (001) ("
		ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30/	
MGL provide social and support services to older adul	ts, their families and caregivers. Th	ne annual award is determined by the number of elders per m	nunicipality as per the most recent
		nent or increase during the 10-year period. Each municipal C	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of this is signed contract is 6/30/22. MA #1.	s 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			
The state of the s		and $\underline{\mathbf{no}}$ obligations have been incurred $\underline{\mathbf{prior}}$ to the Effective	
		w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract	
		releases the Commonwealth from further claims related to the	
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract ar	nd performance expectations and	obligations shall survive its termination for the purpose of r	esolving any claim or dispute, for
completing any negotiated terms and warranties, to all	ow any close out or transition perf	ormance, reporting, invoicing or final payments, or during any	lapse between amendments.
		"Effective Date" of this Contract or Amendment shall be the	
		irtment, or a later Contract or Amendment Start Date specifi incorporated by reference as electronically published and the	
required under the Standard Contract Form Instructions and Contractor Certifications under the		ler the pains and penalties of perjury, and further agrees to pr	rovide any required documentation
upon request to support compliance, and agrees that all terms governing performance of			
herein according to the following hierarchy of document precedence, the applicable Cor Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
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 contract.		wer costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTO	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
X: (Signature and Date Must Be Captured A	t Time of Signature)	X: Dat (Signature and Date Must Be Captured At	Time of Signature)
Print Name:		Print Name:	
Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BARRE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 40 WEST ST, BARRE, MA 01005-9289		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: EILEEN CLARKSON	Phone: 978-355-5004	Billing Address (if different):	
E-Mail: coa@townofbarre.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191711		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT pay	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 of	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun- th details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 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 MGL provide social and support services to older additionable census data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The s contract will cover any rate adjustra d. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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X:(Signature and Date Must Be Captured	Date:	X: Da	ite:
	= :	X: Date:  (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	<u></u> :



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BECKET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 557 MAIN ST, BECKET, MA 01223-3252		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: WILLIAM CALDWELL Phone: 413-623-8934		Billing Address (if different):	
E-Mail: administrator@townofbecket.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191712		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	MFNT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for emer	rgency, 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 Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacancaacon and apaated
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun n details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms and this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• /	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		pations have been incurred prior to the Effective Date.	<b>D</b> .
· ·		vand no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in	
		sement payments, and that the details and circumstances of	
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
		Print Name:	
Print Name:            Print Title:    Print Name:		<u> </u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 10 MUDGE WAY, BEDFORD, MA 01730-2193		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ALISON CSERVENSCHI	Phone: 781-275-6825	Billing Address (if different):	
E-Mail: acservenschi@bedfordma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191713		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
_X_ NEW CONTRA	(CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations 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 certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title: Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BELCHERTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 607, BELCHERTOWN, MA 01007-0607		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JESSICA LANGLOIS	Phone: 413-323-0420	Billing Address (if different):		
E-Mail: jlanglois@belchertown.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191714		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		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 procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <a href="prior">prior</a> to the Effective Date.	Contract obligations:	
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	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 doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title: Print Title:		<u>.</u>		



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BELLINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 MECHANIC ST, BELLINGHAM, MA 02019-3150		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOSIE DUTIL	Phone: 508-657-2705	Billing Address (if different):		
E-Mail: jdutil@bellinghamma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191715		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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 Prior to Amendment:	, 20 <u></u> .	
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		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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`	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
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X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title: Print		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF BELMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 56, BELMONT, MA 02478-0900		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: NAVA NIV-VOGEL Phone: 617-993-2970 Billing Address (if different):				
E-Mail: nnivvogel@belmont-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191717		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
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 authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions document Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fundation of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at	r <u>815 CMR 9.00</u> .	
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ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest				
· ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X: (Signature and Date Must Be Captured A	Date: At Time of Signature\	X: Date: Oate: (Signature and Date Must Be Captured At Time of Signature)		
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Print Name:            Print Title:    Print Name:		<u> </u>		



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BERKLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 N MAIN ST, BERKLEY, MA 02779-1336		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMANDA BLAIS	Phone: 508-821-3105	Billing Address (if different):		
E-Mail: coa.director@berkleyma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191719		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	ßB	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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	• ,	
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specific exemption or earmark, and exception just		scope and budget)		
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· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	Date:	X: Da	ite:	
		X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	



Torris are also posted at OSD Forms. https://www.mas	<u>-5.gov/ii5t5/05u-i011115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF BERLIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 23 LINDEN ST STE 8, BERLIN, MA 01503-1669		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108
Contract Manager: VICTORIA FLYNN	Phone: 978-838-2750	Billing Address (if different):	
E-Mail: coadirector@townofberlin.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191720	. 42	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000	T U.X. 011 121 0000
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Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update	
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Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
		llowing Commonwealth Terms and Conditions document	t are incorporated by reference
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under	
		ons, conditions or terms and any changes if rates or terms and this contract (or <b>new</b> total if Contract is being amended).	e being amended.)
	-	, , , _	
		h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP	
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard			ol Councile on Aging (COA) of the
		ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30	
MGL provide social and support services to older adu	Its, their families and caregivers. The	he annual award is determined by the number of elders per r	municipality as per the most recent
		nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of thi	
the prior obligation for year one is funded in the FY22			s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance sha	all terminate as of June 30 , 20	32 , with no new obligations being incurred after this da	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 i	resolving any claim or dispute, for
completing any negotiated terms and warranties, to all	low any close out or transition per	ormance, reporting, invoicing or final payments, or during an	y lapse between amendments.
		e "Effective Date" of this Contract or Amendment shall be t	
		artment, or a later Contract or Amendment Start Date specifincorporated by reference as electronically published and the	
required under the Standard Contract Form Instruction	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 ref herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract			
Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms			
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 of Contract.			wer costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR·	AUTHORIZING SIGNATURE FOR THE COMMONWEA	AI TH-
X: (Signature and Date Must Be Captured A	บลเย: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
Print Name:	- :	Print Name:	
Print Title:		Print Title:	<u> </u>



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF BERNARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 504, BERNARDSTON, MA 01337-0504		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: HAYLEY BOLTON Phone: 413-648-5413		Billing Address (if different):		
E-Mail: coa@townofbernardston.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191722		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
Y NEW CONTRA	CT			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Condit		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
		this contract (or <b>new</b> total if Contract is being amended). \$	<u>.</u>	
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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Commonwealth authorized through the annual GAA a	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by	
		ne annual award is determined by the number of elders per n nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22				
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest		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	≏ Date	
· · · · · · · · · · · · · · · · · · ·		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
	· ·	"Effective Date" of this Contract or Amendment shall be the		
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
<b>x</b> :	Date:	X: Dai	te: .	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date (Signature and Date Must Be Captured At		
Print Name:		Print Name:	<u></u> :	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: CITY OF BEVERLY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 191 CABOT ST, BEVERLY, MA 01915-5849		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: MARYANN HOLAK Phone: 978-921-6017		Billing Address (if different):	
E-Mail: mholak@beverlyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192074		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	rgency, 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 Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 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	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			<b>D</b> .
· · · · · · · · · · · · · · · · · · ·		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 incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract	
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	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 certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
Print Name:		Print Name:	
Print Title:		Print Title:	<u> </u>
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Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BILLERICA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 596, BILLERICA, MA 01821-0596		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JEAN BUSHNELL	Phone: 978-671-0916	Billing Address (if different):		
E-Mail: jbushnell@town.billerica.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191723		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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, , ,	• ,	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forris. https://www.ma	<u>88.g0v/ii8t8/08u-i011118</u> .			
CONTRACTOR LEGAL NAME: TOWN OF BLACKSTONE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 15 ST. PAUL STREET, BLACKSTONE, MA 01504-2276		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAURIE KEEFE	Phone: 508-876-5135	Billing Address (if different):		
E-Mail: lkeefe@townofblackstone.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191724	<del>- •</del>	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 0208220000000000000		
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
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PROCUREMENT OR EXCEPTION TYPE: (Check of		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, sco	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
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Emergency Contract (Attach justification for em	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authorities)		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception jus		scope and budget)	gaago/jaotinoation and apacted	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi report describing how these grant funds were applied	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 #1.			
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		ations have been incurred <u>prior</u> to the Effective Date.  ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data	
<u> </u>		w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the	<b>J</b>	
amended, provided that the terms of this Contract	and performance expectations and	<u>32</u> , 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	
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X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured At	te:	
	= :			
		Print Name: Print Title:		
	<u>-</u>	11001	<del></del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BLANDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 102 MAIN ST, BLANDFORD, MA 01008-9800		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARGIT MIKUSKI	Phone: 413-848-4279	Billing Address (if different):	
E-Mail: mmikuski@townofblandford.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191725		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
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_X_ NEW CONTRA	CT	CONTRACT AMEND	MENT
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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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this deal 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 and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title:		Print Title:	<u></u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BOLTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 127, BOLTON, MA 01740-0127		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LISA D'EON	Phone: 978-779-3313	Billing Address (if different):	
E-Mail: coa@townofbolton.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191726		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan	
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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this day 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 CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	Date:	X: Da	ite:
	- · · · · · · · · · · · · · · · · · · ·	X: Date:  (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	<u></u> :



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF BOSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 CITY HALL AVE, BOSTON, MA 02108-4309		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EMILY SHEA	Phone: 617-635-4375	Billing Address (if different):		
E-Mail: melissa.carlson@boston.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192075		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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 Prior to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
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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	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 #1.			
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
■ · · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do 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: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BOURNE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 24 PERRY AVE, BUZZARDS BAY, MA 02532-3441		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBORA OLIVIERE	Phone: 508-759-0600	Billing Address (if different):		
E-Mail: doliviere@townofbourne.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191727		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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:	, 20 <u></u> .	
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	• ,	
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specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
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X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title: Print Title:		<u>.</u>		



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BOXBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 29 MIDDLE RD, BOXBOROUGH, MA 01719-1430		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KIM DEE	Phone: 978-264-1700	Billing Address (if different):		
E-Mail: kdee@boxborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191728		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
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in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <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, identif (subsequent payments scheduled to support standar	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.)			
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CONTRACTOR LEGAL NAME: TOWN OF BOXFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 28 MIDDLETON RD, BOXFORD, MA 01921-2336		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: PAM BLAQUIERE Phone: 978-887-3591		Billing Address (if different):	
E-Mail: pblaquiere@town.boxford.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191730		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	rgency, 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 Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 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	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			<b>D</b> .
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	32, with no new obligations being incurred after this day 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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
		Print Name:	
Print Name:            Print Title:		Print Title:	<u> </u>



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BOYLSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 221 MAIN ST, BOYLSTON, MA 01505-2037		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAURA SUSANIN	Phone: 508-869-6022	Billing Address (if different):		
E-Mail: coa@boylston-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191731		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	ind performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BRAINTREE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 2 JOHN F KENNEDY MEMORIAL DR, BRAINTREE, MA 02184-6425		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHARMILA BISWAS	Phone: 781-848-1963	Billing Address (if different):	
E-Mail: sbiswas@braintreema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191733		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	СТ	CONTRACT AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	<b>'</b> )
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan	- ·
specific exemption or earmark, and exception justif		scope and budget)	gaago/jaotinoation and apaated
	ONE option): <u>Commonwealth T</u>	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 a details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended).	r <u>815 CMR 9.00</u> .
		, , , _	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15 reason: _X_agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMAI Commonwealth authorized through the annual GAA a MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This	NCE or REASON FOR AMENDME nd other sources. The activity perfits, their families and caregivers. The contract will cover any rate adjustral All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal primance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
	-	ations have been incurred <u>prior</u> to the Effective Date.	<b>D</b> .
_X_3. were incurred as of _July 1_, 20 21, a date are authorized to be made either as settlement p.	e <b>PRIOR</b> to the Effective Date below ayments or as authorized reimburs	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of romance, reporting, invoicing or final payments, or during an	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 Contractor. 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 approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cer required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docur 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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contractor instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depai 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 dusing 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 Contract.			fied above, subject to any required a 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
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Dar (Signature and Date Must Be Captured At	te:
Print Name:	<del></del>	Print Name:	
Print Title: .		Print Title: .	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BREWSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2198 MAIN ST, BREWSTER, MA 02631-1852		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DENISE REGO	Phone: 508-896-2737	Billing Address (if different):		
E-Mail: drego@town.brewster.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191734		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	-	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	igaagorjaaanaaaan ana apaataa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions 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).				
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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.)			
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	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captons have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date L/	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:	
	= :			
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 64 CENTRAL SQ, BRIDGEWATER, MA 02324-2550		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EMILY WILLIAMS	Phone: 508-697-0929	Billing Address (if different):		
E-Mail: ewilliams@bridgewaterma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191735		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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 Prior to Amendment:	, 20 <u></u> .	
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		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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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 perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / '	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do 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: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title: Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osd-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BRIMFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 21 MAIN ST, BRIMFIELD, MA 01010-9744		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EVA PITTSINGER	Phone: 413-245-7253	Billing Address (if different):		
E-Mail: coa-director@brimfieldma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191736		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no 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		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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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 perfolts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
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X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Da (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:		
Print Title: Pri		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF BROCKTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 45 SCHOOL ST, BROCKTON, MA 02301-4049		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANICE FITZGERALD	Phone: 508-580-7811	Billing Address (if different):		
E-Mail: jfitzgerald@cobma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192078		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Contract Employee (Attach Employment Status I X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions document Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	Date:	X: Da	te:	
	- · · · · · · · · · · · · · · · · · · ·	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	



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CONTRACTOR LEGAL NAME: TOWN OF BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 334, BROOKFIELD, MA 01506-0334		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BARBARA CLANCY	Phone: 508-867-6043	Billing Address (if different):		
E-Mail: agatha6dot@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191737		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
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Contract Employee (Attach Employment Status I X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
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Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BROOKLINE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 333 WASHINGTON ST, BROOKLINE, MA 02445-6853		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: RUTHANN DOBEK	Phone: 617-730-2756	Billing Address (if different):	
E-Mail: rdobek@brooklinema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191738		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
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	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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x:	Date:	X; Da	ite:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	<del>.</del>



Forms are also posted at USD Forms: https://www.ma	iss.gov/lists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BUCKLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 17 STATE ST, SHELBURNE FALLS, MA 01370-1011		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMANDA JOAO	Phone: 413-625-2502	Billing Address (if different):		
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191739		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 02082200000000000006	•	
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Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authori		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception jus		scope and budget)	1	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropri  X Rate Contract. (No Maximum Obligation) Atta	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identi (subsequent payments scheduled to support standa	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 MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date L	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	32 , with no new obligations being incurred after this doubligations 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 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 required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured		X: (Signature and Date Must Be Captured A	te:	
	- · · · · · · · · · · · · · · · · · · ·			
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF BURLINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive OMMARS Department Code: ELD	Office of Elder Affairs	
Legal Address: (W-9, W-4): 29 CENTER ST, BURLINGTON, MA 01803-3058		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: MARGERY R. YETMAN	Phone: 781-270-1953	Billing Address (if different):		
E-Mail: mmcdonald@burlington.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191741		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	1 4X1 011 121 0000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
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X NEW CONTRA  PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDMENTED TO CONTRACT AMENDMENT OF CONTRACT AMENDMENTS OF CONTRACT AMENDMEN		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme <u>Emergency Contract</u> (Attach justification for emer		Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizi		<ul> <li>Other Procurement Exception (Attach authorizing language)</li> </ul>	guage/justification and updated	
specific exemption or earmark, and exception justif		lowing Commonwealth Terms and Conditions document	are incorporated by reference	
		erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
1 <u> </u>		this contract (or <b>new</b> total if Contract is being amended). \$_		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.				
· · ·	• / •	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	D 4	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations inc sement payments, and that the details and circumstances of a		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract ar	CONTRACT END DATE: Contract performance shall terminate as of			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date:	X: Dat (Signature and Date Must Be Captured At	e: Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<del></del> <u>-</u>	



Forms are also posted at OSD Forms: <a href="https://www.mas">https://www.mas</a>	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF CAMBRIDGE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 795 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139- 3201		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN PACHECO	Phone: 617-349-6220	Billing Address (if different):	
E-Mail: spacheco@cambridgema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192080	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B
_X_ NEW CONTRA	СТ	CONTRACT AMENI	DMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Cont	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		scope and budget)	anguage/justilication and updated
		llowing Commonwealth Terms and Conditions docume	nt are incorporated by reference
	ONE option): <u>Commonwealth T</u>	Terms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the term	s of this Contract will be supported
in the state accounting system by sufficient appropriate	tions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts und	ler <u>815 CMR 9.00</u> .
	, ,	ons, conditions or terms and any changes if rates or terms	,
		this contract (or <b>new</b> total if Contract is being amended). \$	
		h EFT 45 days from invoice receipt. Contractors requesting	
		5 days % PPD; Payment issued within 20 days % F day cycle statutory/legal or Ready Payments ( <u>M.G.L. c</u>	
(subsequent payments scheduled to support standard			
		ENT: This 10-year contract will cover grant funds to munici	
		ormance period for year one of this contract is 7/1/2021-6/3 he annual award is determined by the number of elders per	
census data, at a current rate of \$12 per person. This	contract will cover any rate adjustr	ment or increase during the 10-year period. Each municipal	I COA will complete an annual fiscal
report describing how these grant funds were applied the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of the signature date are intended to be part of the signature of	his agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that	Contract obligations:
· · · · ·	• / •	pations have been incurred <b>prior</b> to the Effective Date.	oonaat oongaaono.
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti	ve Date.
		w, and the parties agree that payments for any obligations	
		sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to	
		232 , with no new obligations being incurred after this	<u> </u>
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of	f resolving any claim or dispute, for
completing any negotiated terms and warranties, to al	low any close out or transition perf	formance, reporting, invoicing or final payments, or during a	iny lapse between amendments.
<b>CERTIFICATIONS</b> : 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
		artment, or a later Contract or Amendment Start Date spec	
		incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to	
upon request to support compliance, and agrees that	all terms governing performance o	of this Contract and doing business in Massachusetts are at	ttached or incorporated by reference
		mmonwealth Terms and Conditions, this Standard Contrac	
		solicitation, the Contractor's Response (excluding any lang s will take precedence over the relevant terms in the RFR a	
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		lower costs, or a more cost effective	
Contract.			- A I <del>-</del> I I
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWE	
X: (Signature and Date Must Be Captured A	Date:	X:	ate:
Print Name:		Print Name:	
Print Title:		Print litie:	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF CANTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 801 WASHINGTON ST, CANTON, MA 02021-2500		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DIANE TYNAN	Phone: 781-828-1323	Billing Address (if different):	
E-Mail: dtynan@town.canton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191742		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no 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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status   X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</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 cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The scontract will cover any rate adjustn I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
`	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this de 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 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 certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract 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:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)	
Print Name:	<u>.</u>	Print Name:	
Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CARLISLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 624, CARLISLE, MA 01741-0624		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOAN INGERSOLL	Phone: 978-371-6693	Billing Address (if different):		
E-Mail: jinfersoll@carlislema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191743		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u>	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Forn 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:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forms. https://www.mas	<u>55.g0v/ii5t5/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF CARVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 108 MAIN ST, CARVER, MA 02330-2025		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CONNIE KELLY	Phone: 508-866-4698	Billing Address (if different):		
E-Mail: connie.kelly@carverma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191744	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	<b>!</b>	
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	<del></del> В	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o		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		AMENDMENT TYPE: (Check one option only. Attach de		
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specific exemption or earmark, and exception justi		scope and budget)	gaago,jacancaacon ana apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	- Dete	
<u> </u>		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		
		releases the Commonwealth from further claims related to the	<b>J</b>	
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , 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 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:				
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Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF CHARLEMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive OMMARS Department Code: ELD	ffice of Elder Affairs	
Legal Address: (W-9, W-4): 157 MAIN ST, CHARLEMONT, MA 01339-9703		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: LINDA A. WAGNER	Phone: 413-339-6641	Billing Address (if different):		
E-Mail: coa@charlemont-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191745		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	1 421 011 121 0000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
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specific exemption or earmark, and exception justif		lowing Commonwealth Terms and Conditions document	are incorporated by reference	
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		horized performance accepted in accordance with the terms		
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<u> </u>		this contract (or <b>new</b> total if Contract is being amended). \$		
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<b>x</b> :	Date:	X: Dat	e:	
X:(Signature and Date Must Be Captured A	t Time of Signature)	X: Dat Dat (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF CHARLTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 37 MAIN ST, CHARLTON, MA 01507-1382		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108
Contract Manager: ELAINE MATERAS	Phone: 508-248-2231	Billing Address (if different):	
E-Mail: Elaine.Materas@townofcharlton.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191746		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
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X NEW CONTRA	ст	CONTRACT AMEND	MENT
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Print Title:		Print Title:	<del>.</del>



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CONTRACTOR LEGAL NAME: TOWN OF CHATHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 549 MAIN ST, CHATHAM, MA 02633-2279		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: MANDI SPEAKMAN Phone: 508-945-5190		Billing Address (if different):		
E-Mail: aspeakman@chatham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191747		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4	
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF CHELMSFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 50 BILLERICA RD, CHELMSFORD, MA 01824-3162		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBRA SIRIANI	Phone: 978-251-0533	Billing Address (if different):		
E-Mail: dsiriani@townofchelmsford.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
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are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	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 doubligations 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 made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title: Print		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF CHELSEA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 500 BROADWAY, CHELSEA, MA 02150-2948		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: TRACY M. NOWICKI	Phone: 617-466-4377	Billing Address (if different):		
E-Mail: Tnowicki@chelseama.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192083		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Illowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	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 aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 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 requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificative required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u></u>	



Torris are also posted at OSD Forms. https://www.iii	<u>ass.gov/iists/osu-ioi1115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF CHESHIRE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 80 CHURCH ST, CHESHIRE, MA 01225-9657		Business Mailing Address: 1 Ashburton Pl, Boston M	
Contract Manager: CAROLE HIDERBRAND	Phone: 413-743-1172	Billing Address (if different):	
E-Mail: carolehilderbrand@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191749	1 4.4.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 020822000000000000006	1 ux. 011 121 5500
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
, , ,		CONTRACT AMEND	
X NEW CONTR PROCUREMENT OR EXCEPTION TYPE: (Check		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designate	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, sco		AMENDMENT TYPE: (Check one option only. Attach d	•
Department Procurement (includes all Grants -		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procure <b>Emergency Contract</b> (Attach justification for em		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status	Form, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach author specific exemption or earmark, and exception just		Other Procurement Exception (Attach authorizing lar scope and budget)	iguage/justification and updated
		llowing Commonwealth Terms and Conditions documen	t are incorporated by reference
	k ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Condi	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts unde	
- · · · · · · · · · · · · · · · · · · ·		ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$	re being amended.)
_	•	· · · ·	
		h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PF	
% PPD. If PPD percentages are left blank, ident	tify reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standa			al Councile on Aging (COA) of the
		ENT: This 10-year contract will cover grant funds to municipate ormance period for year one of this contract is 7/1/2021-6/30	
MGL provide social and support services to older ac	dults, their families and caregivers. The	he annual award is determined by the number of elders per	municipality as per the most recent
		nent or increase during the 10-year period. Each municipal ( prior to the latest signature date are intended to be part of th	
the prior obligation for year one is funded in the FY2			is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance s	hall terminate as of <u>June 30</u> , 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	and performance expectations and	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other	er representations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
		artment, or a later Contract or Amendment Start Date speci	
		incorporated by reference as electronically published and the	
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documer upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refe			ached or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Cor			
Instructions and Contractor Certifications, the Request for Response (RFR) or other sunacceptable, and additional negotiated terms, provided that additional negotiated terms			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that a			
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRAC		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X:(Signature and Date Must Be Captured	_ Date:	X: Da (Signature and Date Must Be Captured A	te:
	- · ·		
Print Name:		Print Name: Print Title:	<u>.</u>
Print Title:		rimi nue.	<u>.</u>



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF CHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 15 MIDDLEFIELD RD, CHESTER, MA 01011-9805		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ANGELIQUE TORONI	Phone: 413-354-7735	Billing Address (if different):	
E-Mail: coa@townofchester.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191750		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	-
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</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 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 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 perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
• · · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations 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 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 certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:
	= :		
Print Name:		Print Name: Print Title:	
Print Title:		1 1111t 11tt-	<u>-</u> -



Forms are also posted at USD Forms: https://www.n	iass.gov/iists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF CHESTERFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 422 MAIN RD, CHESTERFIELD, MA 01012-9708		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LORRIE CHILDS	Phone: 413-296-4007	Billing Address (if different):		
E-Mail: childsl@verizon.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191751		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 00	<u>1.</u>	MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT pa		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
_X NEW CONTR	RACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check	one option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designate	ed Department)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, sc		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants Notice or RFR, and Response or other procure		Amendment to Date, Scope or Budget (Attach upda		
Emergency Contract (Attach justification for er	nergency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Statu		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
X Other Procurement Exception (Attach autho specific exemption or earmark, and exception ju		scope and budget)	iguage/justification and appatica	
into this Contract and are legally binding: (Chec Services Commonwealth IT Terms and Condition	ck ONE option): <u>Commonwealth T</u>	Terms and Conditions _X _Commonwealth Terms and Conditions document  Terms and Conditions _X _Commonwealth Terms and Conditions document _X _Commonwealth Terms and Conditions document _X _Commonwealth Terms and Conditions document _X _Commonwealth Terms and Conditions _X _Commonwealth Terms _X _Commonwe	tions For Human and Social	
in the state accounting system by sufficient approp  X Rate Contract. (No Maximum Obligation) Att	riations or other non-appropriated fun ach details of all rates, units, calculati	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, ider (subsequent payments scheduled to support stand	s% PPD; Payment issued within 1: tify reason: <u>X</u> agree to standard 45 ard EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment	
Commonwealth authorized through the annual GA/ MGL provide social and support services to older a census data, at a current rate of \$12 per person. The report describing how these grant funds were appli	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 #1.			
`	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that ( ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlemen	it payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contrac	t and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Capture	Date:	X: Da	ite:	
	- :	X: Date: Oate:		
Print Name:		Print Name:	<u>.</u>	
Print Title: Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: CITY OF CHICOPEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 17 SPRINGFIELD ST, CHICOPEE, MA 01013-2657		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: SHERRY MANYAK Phone: 413-534-3698		Billing Address (if different):		
E-Mail: smanyak@chicopeema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192086		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	4	
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - & Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	rgency, 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 Attach authorizing Attach Exception (Attach Employment Excepti		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justing		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		pations have been incurred <u>prior</u> to the Effective Date.	. D. I.	
		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day 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 Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract 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:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Nate: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	
-				



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CHILMARK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 119, CHILMARK, MA 02535-0119		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):		
E-Mail: upicoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191752		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\( \)			
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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.)			
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this deal 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract 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:  AUTHORIZING SIGNATURE FOR THE CONTRONNEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CLARKSBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 111 RIVER RD, CLARKSBURG, MA 01247-2147		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAUREN NORCROSS	Phone: 413-663-9263	Billing Address (if different):		
E-Mail: nocross@bcn.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191753		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this deal 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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:  AUTHORIZING SIGNATURE FOR THE CONTRONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF CLINTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 242 CHURCH ST, CLINTON, MA 01510-2631		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: DEBRA GOODSELL	Phone: 978-733-4747	Billing Address (if different):		
E-Mail: dgoodsell@clintonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191754		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	1 421 0100	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
` ' '	<u>,                                      </u>			
X NEW CONTRAIN PROCUREMENT OR EXCEPTION TYPE: (Check on		CONTRACT AMENDMENTED FOR CONTRACT AMENDMENT OF CONTRACT AMENDMENTS OF CONTRACT AMENDME		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme <u>Emergency Contract</u> (Attach justification for emer		Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizing		<ul> <li>Other Procurement Exception (Attach authorizing language)</li> </ul>	juage/justification and updated	
specific exemption or earmark, and exception justif		lowing Commonwealth Terms and Conditions document	are incorporated by reference	
		erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
<u> </u>		this contract (or <b>new</b> total if Contract is being amended). \$		
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· · ·	• ·	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	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 inc ement payments, and that the details and circumstances of a		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r ormance, reporting, invoicing or final payments, or during any	esolving any claim or dispute, for	
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<b>x</b> : .	Date: .	X: Dat	e: .	
X:(Signature and Date Must Be Captured A	t Time of Signature)	X: Dat Dat (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF COHASSET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 41 HIGHLAND AVE, COHASSET, MA 02025-1822		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: NANCY LAFAUCE	Phone: 781-383-9112	Billing Address (if different):		
E-Mail: nlafauce@cohassetma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191755		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006		
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Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract)		
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		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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	= :			
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF COLRAIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 31, COLRAIN, MA 01340-0031		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: KEVIN FOX Phone: 413-624-3454		Billing Address (if different):		
E-Mail: bos@colrain-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191756		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000000		
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
Y NEW CONTRA	CT.			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated	
		llowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
<u> </u>		this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
		ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
		ormance period for year one of this contract is 7/1/2021-6/30		
		he annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• /	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
_X_ 3. were incurred as of _July 1 , 20 21 , a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
		.32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of a		
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 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 CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u>.</u>	
Print Title: Print Title:		<u></u>		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CONCORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 535, CONCORD, MA 01742-0535		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: GINGER QUARLES	Phone: 978-318-3020	Billing Address (if different):		
E-Mail: gquarles@concordma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191757		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no 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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This report describing how these grant funds were applied	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 #1.			
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	ind performance expectations and	0.32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
x:	Date: .	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CONWAY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 240, CONWAY, MA 01341-0240		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PATRICIA ANN LYNCH	Phone: 413-369-4284	Billing Address (if different):		
E-Mail: patricialynch@earthlink.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191759		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA 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 perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
` ' '	*/	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)	
Print Name:	= :	Print Name:		
Print Title: Print Title:		<u>.</u>		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF CUMMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 33, CUMMINGTON, MA 01026-0033		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELIOT RING	Phone: 413-634-2262	Billing Address (if different):		
E-Mail: COA@cummington-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191760		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	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 <a href="815 CMR 9.00">815 CMR 9.00</a> .  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). \$\frac{1}{2}\$.			
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this deal obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title: Print		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF DALTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 462 MAIN ST, DALTON, MA 01226-1601		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KELLY PIZZI	Phone: 413-684-2000	Billing Address (if different):		
E-Mail: kpizzi@dalton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191761		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under <a href="815 CMR 9.00">815 CMR 9.00</a> .			
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· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	ind performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 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 required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X:	te:	
	- · · · · · · · · · · · · · · · · · · ·			
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF DANVERS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 SYLVAN ST, DANVERS, MA 01923-2790		Business Mailing Address: 1 Ashburton Pl, Boston M	A 02108	
Contract Manager: PAMELA K. PARKINSON	Phone: 978-762-0208	Billing Address (if different):		
E-Mail: pparkinson@danversma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191762		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	1 421 0100	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
` ' '	<u>,                                      </u>			
X NEW CONTRAIN PROCUREMENT OR EXCEPTION TYPE: (Check on		CONTRACT AMENDMENTED TO CONTRACT AMENDMENT OF CONTRACT AMENDMENTS OF CONTRACT AMENDMEN		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme <u>Emergency Contract</u> (Attach justification for emer		Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizing		<ul> <li>Other Procurement Exception (Attach authorizing language)</li> </ul>	juage/justification and updated	
specific exemption or earmark, and exception justif		lowing Commonwealth Terms and Conditions document	are incorporated by reference	
		erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
<u> </u>		this contract (or <b>new</b> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT 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 #1.				
· · ·	• ·	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.	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 inc sement payments, and that the details and circumstances of a		
		releases the Commonwealth from further claims related to the		
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 romance, reporting, invoicing or final payments, or during any	esolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any 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:	X; Dat	e: .	
X:	at Time of Signature)	X: Dat (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF DARTMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 400 SLOCUM RD, DARTMOUTH, MA 02747-3234		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: AMY DIPIETRO	Phone: 508-999-4717	Billing Address (if different):	
E-Mail: adipietro@town.dartmouth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191765		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 0208220000000000000	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R
X NEW CONTRA	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
		llowing Commonwealth Terms and Conditions document	t are incorporated by reference
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	
		this contract (or <b>new</b> total if Contract is being amended). \$_	<u>.</u>
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 a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	PD; Payment issued within 30 days
		ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	/2022. The COAs established by
		he annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal C	
		prior to the latest signature date are intended to be part of thi	
the prior obligation for year one is funded in the FY22			
	• /	actor certify for this Contract, or Contract Amendment, that C	contract obligations:
1. may be incurred as of the Effective Date (latest			n Data
· · · · · · · · · · · · · · · · · · ·		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	
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , 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 t	he 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 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 Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depart unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost. Contract.		fied above, subject to any required a 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	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
<b>x</b> :	Date:	X: Da	te: .
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date Must Be Captured At	
Print Name:		Print Name:	<u>-</u> -
Print Title: Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF DEDHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 26 BRYANT ST, DEDHAM, MA 02026-4458		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHEILA PRANSKY	Phone: 781-326-1650	Billing Address (if different):	
E-Mail: spransky@dedham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191767		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	.CT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
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 procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 day% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / '	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32 , with no new obligations being incurred after this deal 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 Contractor Amendment shall be the latest date that this Contractor Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cert required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents of this Contract of the subject to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by rherein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depar 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 during 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 Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)
Print Name:	- :	Print Name:	
Print Title: Pri		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF DEERFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 8 CONWAY ST, SOUTH DEERFIELD, MA 01373-1021		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHRISTINA JOHNSON	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: VC6000191764		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	l Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	.guago/jaoanioadon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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· · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Captons have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date La	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name: Print Title:		Print Name: Print Title:	<u></u> -	
I	<del></del> '		<del></del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF DENNIS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 485 MAIN ST, SOUTH DENNIS, MA 02660-3600		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BRENDA VAZQUEZ	Phone: 508-385-5067	Billing Address (if different):	
E-Mail: bvazquez@town.dennis.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191768		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(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	ст	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated		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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d 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 adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	ow, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	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 C 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 an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all ce required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docu 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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depa unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response deviated that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.		fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: (Signature and Date Must Be Captured At	te:t Time of Signature)
Print Name:	- :	Print Name:	
Print Title: Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF DIGHTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 300 MAIN ST, DIGHTON, MA 02715-1204		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ALICE E. SOUZA	Phone: 508-823-0095	Billing Address (if different):		
E-Mail: councilonaging@townofdighton.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191769		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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 AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	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 procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal 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 intent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	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 dobligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Cor 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 rapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docume 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 reherin according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departrunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost of Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title: Print Title:		<u>.</u>		



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF DOUGLAS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 29 DEPOT ST, EAST DOUGLAS, MA 01516-2374		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PATRICE ROUSSEAU	Phone: 508-476-2283	Billing Address (if different):	
E-Mail: prousseau@douglas-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191770		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
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 procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d 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 aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this do 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 Contractor. 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 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 Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document procuments to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reherin according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depart unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
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Print Name:		Print Name:	<u> </u>
Print Title:		Print Title:	<del>.</del>



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF DOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 5 SPRINGDALE AVE, D	OVER, MA 02030-2350	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANET CLAYPOOL	Phone: 508-315-5734	Billing Address (if different):		
E-Mail: coa@doverma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191771		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006	-	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	Ilowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Conditions	itions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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 da% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payments (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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	• • • • • • • • • • • • • • • • • • • •	ractor certify for this Contract, or Contract Amendment, that of pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date L/	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	by, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
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X:(Signature and Date Must Be Captured	At Time of Signature)	X:	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF DRACUT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 62 ARLINGTON ST, DR	ACUT, MA 01826-3953	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BETHANY LOVELESS	Phone: 978-957-2611	Billing Address (if different):	
E-Mail: bloveless@dracutma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191772		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	ßB
X NEW CONTRA	CT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
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 procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
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are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations 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 Contractor. 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 approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cert required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depar unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Respon 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 Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications brovide 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
X: (Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:
Print Name:		Print Name:	<u></u> :
Print Title:		Print Title:	<del>.</del>



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF DUDLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 71 W MAIN ST, DUDLEY, MA 01571-3264		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARGARET BUSSIERE Phone: 508-949-8015		Billing Address (if different):	
E-Mail: Administrator@dudleyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191773		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 0208220000000000000	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	R
X NEW CONTRA	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		scope and budget)	guage/justilication and updated
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ntractor Certifications and the fol ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fundation of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms and this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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 <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of iomance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Con 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 reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docume upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departru unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost e Contract.			fied above, subject to any required to Contractor makes all certifications by the contractor makes all certifications by the contract of the contract of the contract Form, the Standard Contract Form the Contract Form the Contract of the Contractor's Response only if the contractor, or a more cost effective the contractor of the contra
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		Print Name:	
Print Name:            Print Title:		Print Title:	<u></u>
	<del></del>	-	<del></del>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF DUNSTABLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 511 MAIN ST, DUNSTAI	3LE, MA 01827-1313	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ANNE FENOCHETTI	Phone: 978-649-4514	Billing Address (if different):		
E-Mail: afenochetti@Dunstable-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191774		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•	
(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 AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	.gaago,jacancaacon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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	-	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
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Print Name:	<u>.</u>	Print Name:		
Print Title:    Print Title:		Print Title:		



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CONTRACTOR LEGAL NAME: TOWN OF DUXBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 878 TREMONT ST, DUXBURY, MA 02332-4455		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOANNE MOORE	Phone: 781-934-5774	Billing Address (if different):	
E-Mail: JoanneMoore@duxburycoa.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191775		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	•
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AUTHORIZING SIGNATURE FOR THE CONTRACT v.		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: (Signature and Date Must Be Captured At	te:t Time of Signature)
Print Name:		Print Name:	
Print Title:		Print Title:	<u>.</u>