COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, Boston MA 02108**	
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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__ 2. may be incurred as of _____, **20**___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date**.**

_X_ 3. were incurred as of **_July 1_ , 20 21** , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
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 Pl, Boston 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
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Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: TOWN OF AGAWAM (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 36 MAIN ST, AGAWAM, MA 01001-1801		**Business Mailing Address: 1 Ashburton Pl, Boston MA 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**
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

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__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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CONTRACTOR LEGAL NAME: TOWN OF ALFORD (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 5 ALFORD CENTER RD, GREAT BARRINGTON, MA 01230-8920		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Print Title: _____.

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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 Pl, Boston MA 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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Print Title: _____.

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CONTRACTOR LEGAL NAME: TOWN OF ARLINGTON (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 730 MASSACHUSETTS AVE, ARLINGTON, MA 02476-4906		**Business Mailing Address: 1 Ashburton Pl, 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**
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(Signature and Date Must Be Captured At Time of Signature)
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Print Title: _____.

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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 MA 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**
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PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
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___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
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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.
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(Signature and Date Must Be Captured At Time of Signature)
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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
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Legal Address: (W-9, W-4): PO BOX 560, ASHFIELD, MA 01330-0560		**Business Mailing Address: 1 Ashburton Pl, 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**
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Legal Address: (W-9, W-4): 101 MAIN ST, ASHLAND, MA 01721-1193		**Business Mailing Address: 1 Ashburton Pl, Boston 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**
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Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, Boston 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__ 2. may be incurred as of _____, 20___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

_X_ 3. were incurred as of **July 1 , 20 21** , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
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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.
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Legal Address: (W-9, W-4): 104 CENTRAL ST, AUBURN, MA 01501-2343		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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**
Contractor Vendor Code: VC6000191708		**E-Mail: Stacey.oconnell@mass.gov**	**Fax: 617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

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CONTRACTOR LEGAL NAME: TOWN OF BARNSTABLE (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 367 MAIN ST, HYANNIS, MA 02601-3919		**Business Mailing Address: 1 Ashburton Pl, Boston MA 02108**	
Contract Manager: DONNA-MARIE BURNS	**Phone: 508-862-4759**	**Billing Address (if different):**	
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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
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___ CONTRACT AMENDMENT

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
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___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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.

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, Boston 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		**E-Mail: Stacey.oconnell@mass.gov**	**Fax: 617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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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 Pl, Boston 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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_X_ 3. were incurred as of **July 1 , 20 21** , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Legal Address: (W-9, W-4): 15 ST. PAUL STREET, BLACKSTONE, MA 01504-2276		**Business Mailing Address: 1 Ashburton Pl, 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		**E-Mail: Stacey.oconnell@mass.gov**	**Fax: 617-727-9368**
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Legal Address: (W-9, W-4): 102 MAIN ST, BLANDFORD, MA 01008-9800		**Business Mailing Address: 1 Ashburton Pl, 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**
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
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_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

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Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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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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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

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__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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Print Title: _____.

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CONTRACTOR LEGAL NAME: TOWN OF BRAINTREE (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
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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.
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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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 Pl, 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**
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(Signature and Date Must Be Captured At Time of Signature)
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Print Title: _____.

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Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Title: _____.

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Legal Address: (W-9, W-4): 333 WASHINGTON ST, BROOKLINE, MA 02445-6853		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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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.
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Legal Address: (W-9, W-4): 17 STATE ST, SHELBURNE FALLS, MA 01370-1011		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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CONTRACTOR LEGAL NAME: TOWN OF BURLINGTON (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 29 CENTER ST, BURLINGTON, MA 01803-3058		**Business Mailing Address: 1 Ashburton Pl, Boston MA 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**
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: CITY OF CAMBRIDGE (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 795 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139-3201		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
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___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
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___ CONTRACT AMENDMENT

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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.
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CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: TOWN OF CHARLEMONT (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**	
Legal Address: (W-9, W-4): 157 MAIN ST, CHARLEMONT, MA 01339-9703		**Business Mailing Address: 1 Ashburton Pl, Boston MA 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Name: _____.
Print Title: _____.

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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 Pl, Boston MA 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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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 Pl, 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**
Contractor Vendor Code: VC6000191748		**E-Mail: Stacey.oconnell@mass.gov**	**Fax: 617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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___ CONTRACT AMENDMENT

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 MA 02108**	
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		**E-Mail: Stacey.oconnell@mass.gov**	**Fax: 617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__ 2. may be incurred as of _____, 20___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

_X_ 3. were incurred as of **July 1 , 20 21** , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
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___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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.

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Legal Address: (W-9, W-4): PO BOX 119, CHILMARK, MA 02535-0119		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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**
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, Boston MA 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
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__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
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__ **Contract Employee** (Attach any updates to scope or budget)
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The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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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 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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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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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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X: _____. **Date:** _____.
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Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Title: _____.

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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 MA 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082000000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
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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.)
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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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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 Pl, 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**
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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 Pl, 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**
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(Signature and Date Must Be Captured At Time of Signature)
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Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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.)

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CONTRACT END DATE: Contract performance shall terminate as of **_June 30_, 20 32_,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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Print Name: _____.
Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Legal Address: (W-9, W-4): 29 DEPOT ST, EAST DOUGLAS, MA 01516-2374		**Business Mailing Address: 1 Ashburton Pl, 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**
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Print Title: _____.

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Legal Address: (W-9, W-4): 5 SPRINGDALE AVE, DOVER, MA 02030-2350		**Business Mailing Address: 1 Ashburton Pl, 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**
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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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, DRACUT, MA 01826-3953		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
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__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
_X_ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

__ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): __ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social Services __ Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option): The 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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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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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

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Print Title: _____.

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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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

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X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

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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, DUNSTABLE, MA 01827-1313		**Business Mailing Address: 1 Ashburton Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

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(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
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 Pl, 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 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): 02082200000000000006** **RFR/Procurement or Other ID Number: MGL c. 40 s. 8B**	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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_X_ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of $12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__ 2. may be incurred as of _____, 20___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

_X_ 3. were incurred as of **July 1 , 20 21** , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30 , 20 32 ,** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.