

Forms are also posted at OSD Forms: https://www.mas	<u>is.gov/lists/osd-torms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF EAST BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 175 CENTRAL ST, E BRIDGEWATER, MA 02333-1912		Business Mailing Address: 1 Ashburton Pl, Boston N	IA 02108	
Contract Manager: NANCY G. HILL Phone: 508-378-1610 Billing Address (if different):				
E-Mail: nhill@ebmass.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191776	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X NEW CONTRA	СТ	CONTRACT AMENDI	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d		
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Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizing Authorizing Contract Employment Exception (Attach authorizing Exception (Attach Employment Status F)		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15 y reason: _ X _agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	D; Payment issued within 30 days	
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` '	•	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			D .	
		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
		ement payments, and that the details and circumstances of		
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to th	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te:	
Print Name:		Print Name:		
Print Title: Print				



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF EAST BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
Legal Address: (W-9, W-4): 122 CONNIE MACK DR, E BROOKFIELD, MA 01515- 1802		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CHERYL BRODAK	Phone: 508-867-0166	Billing Address (if different):	
E-Mail: eastbrookfieldsc@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191777	I uni	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	TURN OTT TET OOG
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Emergency Contract (Attach justification for eme		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justing		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
The Standard Contract Form Instructions and Corinto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended).	r <u>815 CMR 9.00</u> .
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- ·	· — ·	ations have been incurred <u>prior</u> to the Effective Date.	. D. I.
_X_3. were incurred as of _July 1_, 20_21, a date are authorized to be made either as settlement p	e PRIOR to the Effective Date below by ayments or as authorized reimburs	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract
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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 Co Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certified under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reherein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depart unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if
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Print Name: Print Title:		Print Name:	
FINATIUE.		Print Title:	i



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Legal Address: (W-9, W-4): 60 CENTER SQ, E LONGMEADOW, MA 01028-2457		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ERIN KOEBLER	Phone: 413-525-5436	Billing Address (if different):		
E-Mail: erin.koebler@eastlongmeadowma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191778		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	-	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This report describing how these grant funds were applied	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEDIMENT: 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 #2.			
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
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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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
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CONTRACTOR LEGAL NAME: TOWN OF EASTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2500 STATE HWY, EASTHAM, MA 02642-2589		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DOROTHY BURRITT	Phone: 508-255-6164	Billing Address (if different):		
E-Mail: coadirector@eastham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191779		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Legal Address: (W-9, W-4): 50 PAYSON AVE, EASTHAMPTON, MA 01027-2255		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CYNTHIA TARAIL	Phone: 413-527-6151	Billing Address (if different):		
E-Mail: ctarail@easthamptonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191781		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 i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF EASTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 136 ELM ST, NORTH EASTON, MA 02356-1462		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: KRISTIN KENNEDY	Phone: 508-238-3160	Billing Address (if different):		
E-Mail: kkennedy@easton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191783		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	J. 1	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
■ · · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	<u>9.32</u> , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF EDGARTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 70 MAIN ST, EDGARTOWN, MA 02539-8238		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108
Contract Manager: LYNDSAY FAMARRIS	Phone: 508-627-4368	Billing Address (if different):	
E-Mail: pmohair@edgartown-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191784		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
x:	Date:	X: Da	ite:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	.



Torris are also posted at OSD Forris. https://www.ma	<u>55.y0V/115t5/05U-1011115</u> .				
CONTRACTOR LEGAL NAME: TOWN OF EGREMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): PO BOX 368, SOUTH EGREMONT, MA 01258-0368		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108		
Contract Manager: BRUCE BERNSTEIN	Phone: 413-528-0182	Billing Address (if different):			
E-Mail: coa@egremont-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191785	<u>.L</u>	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007			
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B		
X NEW CONTRA	ACT	CONTRACT AMENDI			
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date <u>Prior</u> to Amendment:			
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"			
Collective Purchase (Attach OSD approval, score		AMENDMENT TYPE: (Check one option only. Attach de			
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update			
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract			
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception just		scope and budget)	gaago/jaotinoation and apacted		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
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`	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date.	- Dete		
<u> </u>		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in			
		sement payments, and that the details and circumstances of			
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X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured At	te:		
Print Name:	= :	(Signature and Date Must Be Captured At Time of Signature) Print Name:			
Print Title:		Print Name.			



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF ERVING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 12 E MAIN ST, ERVING, MA 01344-9717		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PAULA BETTERS Phone: 413-423-3649		Billing Address (if different):		
E-Mail: seniorcenter.paula.betters@erving- ma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191786		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT payn	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X NEW CONTRA	СТ	CONTRACT AMENDI	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach do		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
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specific exemption or earmark, and exception justing	0 0 0 7 0	scope and budget)	gaago/jaotinoation and apaated	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
	, ,	this contract (or new total if Contract is being amended). \$		
PROMPT PAYMENT DISCOUNTS (PPD): Commons	wealth payments are issued through	h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard		day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ENT: This 10-year contract will cover grant funds to municipal	al Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	/2022. The COAs established by	
		he annual award is determined by the number of elders per n nent or increase during the 10-year period. Each municipal C		
		prior to the latest signature date are intended to be part of the		
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22. MA #2.	-	
· · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
1. may be incurred as of the Effective Date (latest	, ,	ations nave been incurred <u>prior</u> to the Eπective Date. ≀ and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	. Doto	
		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract.	Acceptance of payments forever r	releases the Commonwealth from further claims related to the	ese obligations.	
		232 , with no new obligations being incurred after this da		
		obligations shall survive its termination for the purpose of rormance, reporting, invoicing or final payments, or during an		
	·	"Effective Date" of this Contract or Amendment shall be the	•	
		artment, or a later Contract or Amendment Start Date specific		
		incorporated by reference as electronically published and the		
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen				
		mmonwealth Terms and Conditions, this Standard Contract I		
		solicitation, the Contractor's Response (excluding any languary		
unacceptable, and additional negotiated terms, provided that additional negotiated terms will to made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any an				
Contract.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date:	X: Dar (Signature and Date Must Be Captured At	ie:	
Print Name:		Print Name:		
Print Title: .		Print Title: .		



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF ESSEX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 30 MAIN ST, ESSEX, MA 01929-1247		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KRISTIN CROCKETT	Phone: 978-768-7932	Billing Address (if different):		
E-Mail: coa@essexma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191787		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
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Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authorities)	,	Other Procurement Exception (Attach authorizing lan		
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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identi	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi report describing how these grant funds were applied	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #2.			
1. may be incurred as of the Effective Date (lates	signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	· ·	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentat 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 as coording to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response onl made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	. Date:	X: Da	ite:	
		X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:	<u>.</u>	Print Title:	<u></u> :	



Torris are also posted at OSD Forms. https://www.mas	35. <u>gov/iists/05u-i0i1115</u>				
CONTRACTOR LEGAL NAME: CITY OF EVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 484 BROADWAY, EVERETT, MA 02149-3694		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: DALE PALMA	Phone: 617-394-2323	Billing Address (if different):			
E-Mail: dale.palma@ci.everett.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192088	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000007	!		
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 В		
X NEW CONTRA	ACT	CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date <u>Prior</u> to Amendment:			
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d			
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update			
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b			
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception justi		scope and budget)			
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions			
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The contract will cover any rate adjustn I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Caprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal		
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	2 Date		
<u> </u>		w, and the parties agree that payments for any obligations in			
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J		
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA			
X:(Signature and Date Must Be Captured	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)		
Print Name:	= :	Print Name:			
Print Title:		Print Title:	<u>.</u>		



Torris are also posted at OSD Forms. https://www.mas	<u>-5.g0v/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF FAIRHAVEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 40 CENTER ST, FAIRHAVEN, MA 02719-2932		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ANNE SILVIA	Phone: 508-979-4029	Billing Address (if different):		
E-Mail: asilvia@fairhaven-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191789	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
X NEW CONTRA	CT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - & Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	gaago/jaotinoation and apacted	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
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`	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	a Data	
		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u> </u>	



Tollis are also posted at OSD Follis. https://www.ina	188.90V/11818/08U-1011118				
CONTRACTOR LEGAL NAME: CITY OF FALL RIVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 1 GOVERNMENT CTR, FALL RIVER, MA 02722-7700		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: CLIFF PONTE	Phone: 508-324-2402	Billing Address (if different):			
E-Mail: cliffpontejr@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192090		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 0208220000000000007			
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B		
_X NEW CONTR	ACT	CONTRACT AMENDI			
PROCUREMENT OR EXCEPTION TYPE: (Check of		Enter Current Contract End Date <u>Prior</u> to Amendment:			
Statewide Contract (OSD or an OSD-designate	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"			
Collective Purchase (Attach OSD approval, sco	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach de			
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurer		Amendment to Date, Scope or Budget (Attach updat			
Emergency Contract (Attach justification for em	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract			
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authori		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception jus		scope and budget)	gaago/jaotinoation and apacted		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social		
in the state accounting system by sufficient appropri X Rate Contract. (No Maximum Obligation) Attach	compensation: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
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,	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	a Data		
<u> </u>		w, and the parties agree that payments for any obligations in			
are authorized to be made either as settlement	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J		
amended, provided that the terms of this Contract	and performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
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 Contributions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:					
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured At	Time of Signature)		
Print Name:		Print Name:			
Print Title:		Print Title:	<u>.</u>		



Tollis are also posted at OSD Follis. Ittps://www.ilia	<u>55.g0v/ii5t5/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF FALMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 340 TEATICKET HWY, TEATICKET, MA 02536-6527		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JILL IRVING BISHOP	Phone: 508-540-0196	Billing Address (if different):		
E-Mail: jill.bishop@falmouthma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191790	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 0208220000000000007		
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X NEW CONTRA	ACT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check of		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, score	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
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specific exemption or earmark, and exception just		scope and budget)	guago/justification and updated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>S</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
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· · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
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are authorized to be made either as settlement	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	J	
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		X; Da	te:	
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Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



<u> </u>	<u> </u>		
CONTRACTOR LEGAL NAME: CITY OF FITCHBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 166 BOULDER DR STE 108, FITCHBURG, MA 01420- 3168		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOAN GOODWIN	Phone: 978-345-9598	Billing Address (if different):	-
E-Mail: jgoodwin@fitchburgma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192093		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	<u>.</u>
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R
X NEW CONTRA	CT.	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or be	
X Other Procurement Exception (Attach authorizin		 Other Procurement Exception (Attach authorizing lan- scope and budget) 	guage/justification and updated
specific exemption or earmark, and exception justific		lowing Commonwealth Terms and Conditions document	t are incorporated by reference
		erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
· · · · · · · · · · · · · · · · · · ·		this contract (or <i>new</i> total if Contract is being amended). \$_	
		h EFT 45 days from invoice receipt. Contractors requesting ac	coolorated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c. 2	
(subsequent payments scheduled to support standard			10 11 A - 1 (00 A) - f II
Commonwealth authorized through the annual GAA as	nd other sources. The activity perfo	ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30/	/2022 The COAs established by
MGL provide social and support services to older adult	ts, their families and caregivers. The	ne annual award is determined by the number of elders per n	nunicipality as per the most recent
		nent or increase during the 10-year period. Each municipal C	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations inc sement payments, and that the details and circumstances of a	
		releases the Commonwealth from further claims related to the	
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract ar	nd performance expectations and	obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for
completing any negotiated terms and warranties, to all	ow any close out or transition perf	ormance, reporting, invoicing or final payments, or during any	y lapse between amendments.
		"Effective Date" of this Contract or Amendment shall be the	
		artment, or a later Contract or Amendment Start Date specific	
approvals. The Contractor certifies that they have accessed and reviewed all documents inc required under the Standard Contract Form Instructions and Contractor Certifications under			
upon request to support compliance, and agrees that all terms governing performance of			
herein according to the following hierarchy of document precedence, the applicable Cor Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any ame		any amended RFR or Response terms result in best value, lo	wer costs, or a more cost effective
Contract.		1 T 11.	
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X:	Date:	X: Dat (Signature and Date Must Be Captured At	ie:
		(Signature and Date Must be Captured At Print Name:	- ·
Print Title		Print Name:	
rinicilue.	Print Title: Pri		<u>-</u> -



Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF FLORIDA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 61, FLORIDA, MA 01247-0061		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SUSAN OLESON	Phone: 413-662-2811	Billing Address (if different):		
E-Mail: seniorcenter.floridamass@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191791		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
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Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF FOXBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 40 SOUTH ST, FOXBOROUGH, MA 02035-2397		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARC CRAIG	Phone: 508-543-1234	Billing Address (if different):	
E-Mail: mcraig@foxboroughma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191792		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•
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Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status F	,	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar	
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		scope and budget)	iguago/justilication and updated
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions before the conditions of the con	tions For Human and Social
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund h details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 as electronically published and the Contractor or incorporated by reference as electronically published and the Contractor makes all certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contract Form Instructions and Contractor of perjury, and further agrees to provide any required approved to support of perjury, and further agrees to provide any required approved to support of perjury, and further agrees to provide any required approved to perjury, and further agrees to provide any required approved to published and the Contractor of perjury, and further agrees to provide any required approved to published and the Contractor of perjury, and further agrees to provide any required approved to published and the Contractor of perjury, and further agrees to provide any required approved to published and the Contractor of perjury, and further agrees to provide a			
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)
Print Name:	- :	Print Name:	
Print Title: F		Print Title:	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: CITY OF FRAMINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 150 CONCORD ST, FRAMINGHAM, MA 01702-8367		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: GRACE O'DONNELL Phone: 508-532-5980		Billing Address (if different):		
E-Mail: grace.odonnell@framinghamma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191793		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	4	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
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specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea	
	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
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· ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
		Print Name:		
Print Name: Print Title:		Print Title:	<u> </u>	



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CONTRACTOR LEGAL NAME: TOWN OF FRANKLIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 355 E CENTRAL ST, FRANKLIN, MA 02038-1352		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ERIN ROGERS	Phone: 508-520-4945	Billing Address (if different):		
E-Mail: erogers@franklin.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191794		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF FREETOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 3 N MAIN ST, ASSONET, MA 02702-1117		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BARBARA PLACE	Phone: 508-763-9557	Billing Address (if different):		
E-Mail: Coa@Freetownma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191795		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / '	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th 	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u></u>	



Forms are also posted at OSD Forms: https://www.ma	ass.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF GARDNER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 95 PLEASANT ST STE 17, GARDNER, MA 01440-2630		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MICHAEL ELLIS	Phone: 978-630-4067	Billing Address (if different):	
E-Mail: mellis@gardner-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192095		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 02082200000000000007	-
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
X NEW CONTR	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check	one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designate	d Department)	Enter Amendment Amount: \$ (or "no change	")
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurer		Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for em		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach author		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	1
	CONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropri X Rate Contract. (No Maximum Obligation) Atta	ations or other non-appropriated fun ch details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, ident (subsequent payments scheduled to support standa	% PPD; Payment issued within 19 ify reason: _X_agree to standard 45 rd EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA MGL provide social and support services to older accensus data, at a current rate of \$12 per person. The	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
1. may be incurred as of the Effective Date (lates	st signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that (ations have been incurred prior to the Effective Date.	· ·
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract
amended, provided that the terms of this Contract	and performance expectations and	32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentat upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response onl made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X :	. Date:	X: . Da	ite: .
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	<u>.</u>



CONTRACTOR LEGAL NAME: TOWN OF GEORGETOWN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF GEORGETOWN (and d/b/a):		MMARS Department Code: ELD	TICE OF EIGER ATTAIRS
Legal Address: (W-9, W-4): 1 LIBRARY ST, GEORGETOWN, MA 01833-2052		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108
Contract Manager: COLLEEN RANSHAW- FIORELLO	Phone: 978-352-5726	Billing Address (if different):	
E-Mail: cfiorello@georgetownma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191797		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	ļ
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	 R
_X NEW CONTRA	CT	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update	ed scope and budget)
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or but	
X Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justif		scope and budget)	
	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
· · · · · · · · · · · · · · · · · · ·		this contract (or new total if Contract is being amended). \$_	
		, , _	
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting ac 5 days % PPD; Payment issued within 20 days % PPI	D: Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c. 2	
(subsequent payments scheduled to support standard			10 " 11 (001) (11
BRIEF DESCRIPTION OF CONTRACT PERFORMAL Commonwealth authorized through the annual GAA at	NCE or REASON FOR AMENDME nd other sources. The activity perfe	ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30/	I Councils on Aging (COA) of the
		he annual award is determined by the number of elders per m	
		nent or increase during the 10-year period. Each municipal C	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of the signed contract is 6/30/22 MA #2	is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	·
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.
		w, and the parties agree that payments for any obligations in	
		sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	
		32 , with no new obligations being incurred after this da	
		d obligations shall survive its termination for the purpose of resolving any claim or dispute, for	
completing any negotiated terms and warranties, to all	low any close out or transition perf	ormance, reporting, invoicing or final payments, or during any	/ lapse between amendments.
		"Effective Date" of this Contract or Amendment shall be the	
		rtment, or a later Contract or Amendment Start Date specifi incorporated by reference as electronically published and the	
	incorporated by reference as electronically published and the derithe pains and penalties of perjury, and further agrees to pr		
upon request to support compliance, and agrees that all terms governing performance of		f this Contract and doing business in Massachusetts are atta	iched or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Cor			
Instructions and Contractor Certifications, the Request for Response (RFR) or other sunacceptable, and additional negotiated terms, provided that additional negotiated terms			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that a			
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTO	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Dat (Signature and Date Must Be Captured At	ie:
			- · · · · · · · · · · · · · · · · · · ·
Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	



Torris are also posted at OSD Forms. https://www.mas	35. <u>gov/ii5t5/05u-i011115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF GILL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 325 MAIN RD, GILL, MA 01376-9758		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108
Contract Manager: ROBERTA POTTER	Phone: 413-863-4500	Billing Address (if different):	
E-Mail: coa@montague-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191798	1. 42.1	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	T U.X. 011 121 0000
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R
X_NEW CONTRA	·		
PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment: _	
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurem Emergency Contract (Attach justification for eme		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	Form, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference
	ONE option):Commonwealth T	erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under	
		ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$	e being amended.)
	-	, , , _	
		h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	
% PPD. If PPD percentages are left blank, identify	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard			ol Councile on Aging (COA) of the
		ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30	
MGL provide social and support services to older adu	ilts, their families and caregivers. The	he annual award is determined by the number of elders per n	municipality as per the most recent
		nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of th	
the prior obligation for year one is funded in the FY22			is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance sha	all terminate as of June 30 , 20	32 , with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract a	and performance expectations and	obligations shall survive its termination for the purpose of rormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
		 "Effective Date" of this Contract or Amendment shall be the introduction or a later Contract or Amendment Start Date specified. 	
approvals. The Contractor certifies that they have account	essed and reviewed all documents	incorporated by reference as electronically published and the	Contractor makes all certifications
required under the Standard Contract Form Instruction	ns and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to p f this Contract and doing business in Massachusetts are atta	rovide any required documentation
herein according to the following hierarchy of document precedence, the applicable Comi			
Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms made using the process outlined in 801 CMR 21.07, incorporated herein, provided that a			
Contract.			wor coole, or a more cool checkve
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
x :	Date:	X: Dat	te:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 9 DALE AVE, GLOUCESTER, MA 01930-3009		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELISE SINAGRA	Phone: 978-281-9765	Billing Address (if different):		
E-Mail: esinagra@gloucester-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192096		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentati upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Forms and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	.	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.ma	ass.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF GOSHEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 125, GOSHEN, MA 01032-0125		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EVELYN CULVER	Phone: 413-268-8236	Billing Address (if different):		
E-Mail: coa@goshen-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191799		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 02082200000000000007	-	
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	iB	
<u>X</u> NEW CONTR	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check	one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designate		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurer		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for em		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach author		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	,	
	CONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropri X Rate Contract. (No Maximum Obligation) Atta	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, ident (subsequent payments scheduled to support standa	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA MGL provide social and support services to older accensus data, at a current rate of \$12 per person. The	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
1. may be incurred as of the Effective Date (lates	st signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	·	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
CONTRACT END DATE: Contract performance sl amended, provided that the terms of this Contract	nall terminate as of <u>June 30</u> , 20 and performance expectations and	<u>32</u> , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departme unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications brovide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:	
	- · · · · · · · · · · · · · · · · · · ·			
Print Name:		Print Name:	<u> </u>	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF GOSNOLD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 28, CUTTYHUNK, MA 02713-0028		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KRIS LOMBARD	Phone: 508-990-7408	Billing Address (if different):		
E-Mail: lombard47@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191800		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT pays		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, score		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception just		scope and budget)	iguage/justification and appatica	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
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`	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Cont 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 re approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certific required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documen upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refe herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departm unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost of Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X:	Date:	X: Da	te:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	.	
Print Title:		Print Title:		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF GRAFTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 30 PROVIDENCE RD, GRAFTON, MA 01519-1511		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BARBARA CONNELLY	Phone: 508-839-9242	Billing Address (if different):		
E-Mail: ConnellyB@GRAFTON-MA.GOV	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191802		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
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	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: TOWN OF GRANBY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10B W STATE ST, GRANBY, MA 01033-9450		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: CHLOE CANTER Phone: 413-467-3239		Billing Address (if different):		
E-Mail: coadirector@granby-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191803	<u>'</u>	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	4	
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Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
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Print Title:		Print Title:	.	



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CONTRACTOR LEGAL NAME: TOWN OF GRANVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 707 MAIN RD, GRANVILLE, MA 01034-9797		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MATTHEW STREETER	Phone: 413-357-8585	Billing Address (if different):		
E-Mail: TownAdministrator@townofgranville.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191805		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>:</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF GREAT BARRINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 334 MAIN ST, GREAT BARRINGTON, MA 01230-1845		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PAULINE MANN	Phone: 413-528-1881	Billing Address (if different):		
E-Mail: pmann@townofgb.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191806		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per intent or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF GREENFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 14 COURT SQ, GREENFIELD, MA 01301-3547		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HOPE MACARY	Phone: 413-772-1517	Billing Address (if different):		
E-Mail: hope.macary@greenfield-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191808		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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· · · · · · · · · · · · · · · · · · ·	• / '	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF GROTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 173 MAIN ST, GROTON, MA 01450-4231		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ASHLEY SHAHEEN	Phone: 978-448-1170	Billing Address (if different):		
E-Mail: ashaheen@grotonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191809		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
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<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF GROVELAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 183 MAIN ST, GROVELAND, MA 01834-1341		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMANDA FISHER	Phone: 978-372-1101	Billing Address (if different):		
E-Mail: afisher@grovelandma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191810		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF HADLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 125 RUSSELL ST, HADLEY, MA 01035-9519		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HAYLEY WOOD	Phone: 413-586-4023	Billing Address (if different):		
E-Mail: coa@hadleyma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191811		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
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in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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`	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required provides. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:	. Date:	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osd-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HALIFAX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 499 PLYMOUTH ST, HA	LIFAX, MA 02338-1338	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DARLENE REGAN	Phone: 781-293-7313	Billing Address (if different):		
E-Mail: darlene.regan@halifax-ma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191812		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		scope and budget)	guago/juotinoation and apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions before the conditions of the con	tions For Human and Social	
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1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	· ·	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contractor Standard Contract Forms, the Standard Contract Forms, the Standard Contract Forms and Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response or made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required to Contractor makes all certifications by the contractor makes all certifications by the contract of the contract of the contract Form, the Standard Contract Form using stricken by a Department as the Contractor's Response only if the costs, or a more cost effective	
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u> </u>	
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Torris are also posted at OSD Forms. Ittps://www.ma	<u>55.y0v/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF HAMILTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 577 BAY RD, SOUTH F	IAMILTON, MA 01982-1032	Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: THERESA WOODBURY	Phone: 978-468-5595	Billing Address (if different):		
E-Mail: coa@hamiltonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191814		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 0208220000000000007		
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
_X NEW CONTRA	ACT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check of		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, sco		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procuren		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
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specific exemption or earmark, and exception just		scope and budget)	gaage/jacancaacon and apaated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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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<u> </u>		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract	and performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRAC v.		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X:(Signature and Date Must Be Captured	ate: At Time of Signature)	X:	te: t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HAMPDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 625 MAIN ST, HAMPDEN, MA 01036-9000		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: REBECCA MORIARTY	Phone: 413-566-5588	Billing Address (if different):		
E-Mail: coa@hampdenma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191815		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- '	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HANCOCK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 3650 HANCOCK ROAD, HANCOCK, MA 01237-1097		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARGARET FENANDER	Phone: 413-738-5225	Billing Address (if different):		
E-Mail: ironkettle@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191816		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scored Department Procurement (includes all Grants		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
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are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
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x:	. Date:	X: Da	ite:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>.</u>	
Print Title:		Print Title:	.	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HANOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 550 HANOVER ST, HANOVER, MA 02339-2242		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: TAMMY MURRAY	Phone: 781-924-1913	Billing Address (if different):		
E-Mail: coa@hanover-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191817		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF HANSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 542 LIBERTY ST, HANSON, MA 02341-1627		Business Mailing Address: 1 Ashburton Pl, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARY COLLINS	Phone: 781-293-2683	Billing Address (if different):		
E-Mail: mcollins@HANSON-MA.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191818		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•	
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Print Name:	= :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF HARDWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 575, GILBERTVILLE, MA 01031-0575		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: EILEEN CLARKSON	Phone: 413-477-6197	Billing Address (if different):	
E-Mail: coa@townofbarre.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191819		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
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Print Name:		Print Name:	.
Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HARVARD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 13 AYER RD, HARVARD, MA 01451-1461		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBBIE THOMPSON	Phone: 978-456-4120	Billing Address (if different):		
E-Mail: coa@harvard.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191821		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•	
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CONTRACTOR LEGAL NAME: TOWN OF HARWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 732 MAIN ST, HARWICH, MA 02645-2717		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EMILY MITCHELL	Phone: 508-430-7550	Billing Address (if different):		
E-Mail: emitchell@town.harwich.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191822		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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CONTRACTOR LEGAL NAME: TOWN OF HATFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 59 MAIN ST, HATFIELD, MA 01038-9702		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: GERALYN RODGERS	Phone: 413-247-9003	Billing Address (if different):		
E-Mail: coadirector@tpwmofhatfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191823		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference therein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- '	Print Name:		
Print Title: Pr		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF HAVERHILL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 4 SUMMER ST, HAVERHILL, MA 01830-5836		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARY CONNOLLY	Phone: 978-374-2388	Billing Address (if different):		
E-Mail: Mconnolly@cityofhaverhill.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192101		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	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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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
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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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:	Date:	X: Da	ite:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	.	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HAWLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 8 PUDDING HOLLOW RD, HAWLEY, MA 01339-9621		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: VIRGINIA GABERT	Phone: 413-339-5729	Billing Address (if different):		
E-Mail: treasurer@townofhawley.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191824		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required provals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificated required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of the RFR or Response terms result in best value, lower costs, or a more cost effection contract. Authorizing Signature for the Commonwealth:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
x:	Date:	X: Da	te:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u></u>	



Forms are also posted at OSD Forms: https://www.ma	ass.gov/iists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF HEATH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 E MAIN ST, HEATH, MA 01346-9706		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108
Contract Manager: VICTORIA BURRINGTON	Phone: 413-337-4934	Billing Address (if different):	
E-Mail:	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191825		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 02082200000000000007	
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Statewide Contract (OSD or an OSD-designate		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
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X:(Signature and Date Must Be Captured	_ Date:	X: Da (Signature and Date Must Be Captured A	ite:
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Print Name:		Print Name:	<u></u> :
Print Title:		Print Title:	.



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CONTRACTOR LEGAL NAME: TOWN OF HINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 210 CENTRAL ST, HINGHAM, MA 02043-2756		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: JENNIFER YOUNG	Phone: 781-741-1458	Billing Address (if different):		
E-Mail: youngj@hingham-ma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191826		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
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specific exemption or earmark, and exception justi		scope and budget)	1	
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Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HINSDALE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 39 SOUTH ST, HINSDALE, MA 01235-9329		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CATHERINE SPINNEY	Phone: 413-655-2310	Billing Address (if different):		
E-Mail: cspinney@charter.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191828		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
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in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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· · · · · · · · · · · · · · · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Pri		Print Title:	<u>:</u>	



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CONTRACTOR LEGAL NAME: TOWN OF HOLBROOK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 50 N FRANKLIN ST, HOLBROOK, MA 02343-1560		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CINDY BRENNAN	Phone: 781-767-4617	Billing Address (if different):		
E-Mail: coa@holbrookmassachusetts.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191830		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
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Print Name:	- · ·	Print Name:		
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CONTRACTOR LEGAL NAME: TOWN OF HOLDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1204 MAIN ST, HOLDEN, MA 01520-1016		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LOUISE CHARBONNEAU	Phone: 508-210-5570	Billing Address (if different):		
E-Mail: louisec@holdenma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191831		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
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CONTRACTOR LEGAL NAME: TOWN OF HOLLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 27 STURBRIDGE RD, HOLLAND, MA 01521-3150		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: LINDA RACINE	Phone: 413-245-3163	Billing Address (if different):		
E-Mail: Iracine01007@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191833		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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CONTRACTOR LEGAL NAME: TOWN OF HOLLISTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 703 WASHINGTON ST, HOLLISTON, MA 01746-2168		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LISA BORCHETTA	Phone: 508-429-0622	Billing Address (if different):		
E-Mail: borchettal@holliston.k12.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
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specific exemption or earmark, and exception just		scope and budget)		
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:		
Print Name:	= :	Print Name:		
Print Title: Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF HOLYOKE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 536 DWIGHT ST, HOLYOKE, MA 01040-5019		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: NAVAE RODRIGUEZ	Phone: 413-322-5625	Billing Address (if different):		
E-Mail: rodriguezn@holyoke.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192102		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HOPEDALE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 78 HOPEDALE ST, HOPEDALE, MA 01747-1742		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CAROLE MULLEN	Phone: 508-634-2208	Billing Address (if different):		
E-Mail: hopedalecoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191835		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT pays	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
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Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	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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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	.	
Print Title:		Print Title:	.	



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF HOPKINTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 18 MAIN ST, HOPKINTON, MA 01748-3209		Business Mailing Address: 1 Ashburton Pl, Boston N	ла 02108	
Contract Manager: AMY BECK Phone: 508-497-9730		Billing Address (if different):		
E-Mail: abeck@hopkintonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191836	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	<u>.</u>	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions document Ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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	• /	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			o Data	
· · · · · · · · · · · · · · · · · · ·		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
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X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name:		Print Name:		
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CONTRACTOR LEGAL NAME: TOWN OF HUBBARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 7 MAIN ST, HUBBARDSTON, MA 01452-1437		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: CLAUDIA R. PROVENCAL	Phone: 978-928-1400	Billing Address (if different):		
E-Mail: coa@hubbardstonma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
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Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osd-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HUDSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 78 MAIN ST, HUDSON, MA 01749-2180		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANICE LONG	Phone: 978-568-9638	Billing Address (if different):		
E-Mail: jlong@townofhudson.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191839		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)		
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA MGL provide social and support services to older additionable census data, at a current rate of \$12 per person. This report describing how these grant funds were applied	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recensus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual 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 #2.			
1. may be incurred as of the Effective Date (latest	t signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	· ·	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any recapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost efficient contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X:(Signature and Date Must Be Captured	. Date:	X: Da (Signature and Date Must Be Captured A	te:	
Print Name:		Print Name:	.	
Print Title:		Print Title:	.	



Torris are also posted at OSD Forms. https://www.mas	<u>5.g0v/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF HULL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 253 ATLANTIC AVE, HULL, MA 02045-3215		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: LISA THORTON	Phone: 781-925-1239	Billing Address (if different):		
E-Mail: lthornton@town.hull.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191840	. 42	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	T U.X. 011 121 0000	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R	
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<u>X</u> NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment: _		
Statewide Contract (OSD or an OSD-designated	. ,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for eme		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justing the companies of th		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated	
		llowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under		
	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			ol Councile on Aging (COA) of the	
		ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30		
MGL provide social and support services to older adu	Its, their families and caregivers. TI	he annual award is determined by the number of elders per n	municipality as per the most recent	
		nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of th		
the prior obligation for year one is funded in the FY22			is agreement and the amount of	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date.		
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
CONTRACT END DATE: Contract performance sha	all terminate as of June 30 , 20	32 , with no new obligations being incurred after this da	ate unless the Contract is properly	
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of rormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
		 "Effective Date" of this Contract or Amendment shall be the artment, or a later Contract or Amendment Start Date specifier 		
approvals. The Contractor certifies that they have acc	essed and reviewed all documents	incorporated by reference as electronically published and the	Contractor makes all certifications	
required under the Standard Contract Form Instruction	is and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to p	rovide any required documentation	
upon request to support compliance, and agrees that all terms governing performance of this Contract and herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms				
Instructions and Contractor Certifications, the Reque	est for Response (RFR) or other s	solicitation, the Contractor's Response (excluding any language	uage stricken by a Department as	
		will take precedence over the relevant terms in the RFR and		
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost e Contract.			wel costs, of a more cost ellective	
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:	X: Dat	te:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Dat Dat Dat Cignature and Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF HUNTINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 24 RUSSELL RD, HUNTINGTON, MA 01050-9776		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KATHLEEN P. PETERSON	Phone: 413-512-5205	Billing Address (if different):		
E-Mail: coa@huntingtonma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191842		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMENDI	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	,	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of incommunities, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificative required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
x:	Date:	X; Da	te:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u></u> :	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF IPSWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 25 GREEN ST, IPSWICH, MA 01938-2229		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHEILA TAYLOR	Phone: 978-356-6650	Billing Address (if different):		
E-Mail: coa@ipswich-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191843		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:		
Print Title:		Print Title:	<u></u>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF KINGSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 26 GREEN ST, KINGSTON, MA 02364-1428		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: PAULA ROSSI-CLAPP Phone: 781-585-0511		Billing Address (if different):	
E-Mail: prossiclapp@kingstonmass.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191845		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 0208220000000000007	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	
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Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated
The Standard Contract Form Instructions and Con	ntractor Certifications and the fol ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			D .
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Y. Date: **Total Contract Form Amendment Start Contract or			
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date Must Be Captured At	Time of Signature)
Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF LAKEVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 346 BEDFORD ST, LAKEVILLE, MA 02347-2150		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KELLY CONWAY	Phone: 508-947-7224	Billing Address (if different):	
E-Mail: lakevillecoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191846		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan	
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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustres. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Carpior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract a	ind performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of iformance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifical required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			
x:	Date:	X; Da	ite:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	.



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF LANCASTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 695 MAIN ST, LANCASTER, MA 01523-2245		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ALEXANDRA TURNER	Phone: 978-733-1249	Billing Address (if different):	
E-Mail: aturner@lancasterma.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191847		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	1
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustron. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
x:	. Date:	X; Da	ite:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF LANESBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 83 S MAIN ST, LANESBOROUGH, MA 01237-9727		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LORNA GAYLE	Phone: 413-448-2682	Billing Address (if different):		
E-Mail: seniors.director@lanesborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191848		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	.4	
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	.gaago,jacancaacon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documen ferms and Conditions X Commonwealth Terms and Conditions to Commonwealth Terms and Conditions document for Commonwealth Terms and Conditions to Commonwe	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing (subsequent payments scheduled to support standard	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	· ·	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only is made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X :	Date: .	X: . Da	ite: .	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forms. https://www.mas	<u>.s.gov/iists/osu-iorris</u> .				
CONTRACTOR LEGAL NAME: CITY OF LAWRENCE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 200 COMMON ST, LAWRENCE, MA 01840-1517		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: MARTHA VELEZ	Phone: 978-620-3540	Billing Address (if different):			
E-Mail: mvelez@cityoflawrence.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192104	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007			
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B		
X NEW CONTRA	CT	CONTRACT AMENDI			
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:			
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"			
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de			
Department Procurement (includes all Grants - & Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update			
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra			
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception justi		scope and budget)	guago/justification and updated		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal primance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per priment or increase during the 10-year period. Each municipal Ciprior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal		
`	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Doto		
		w, and the parties agree that payments for any obligations in			
		sement payments, and that the details and circumstances of			
		releases the Commonwealth from further claims related to the	J		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, th					
x :	Date:	X: Da	te:		
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: Osignature and Date Must Be Captured At Time of Signature)			
Print Name:		Print Name:			
Print Title:		Print Title:			



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF LEE (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, LEE, MA 01238-1612		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PATRICIA DIGRIGOLI	Phone: 413-243-5545	Billing Address (if different):		
E-Mail: coa@town.lee.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191850		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
_X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procuren		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authorized)	,	Other Procurement Exception (Attach authorizing lar		
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Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustron. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
1. may be incurred as of the Effective Date (lates)	t signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	·	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	<u>32</u> , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referency herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department of unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:	
Print Name:		Print Name: Print Title:		
Print Title:		1 1111t 11tt-	<u>-</u> _	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF LEICESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1078 MAIN ST, LEICESTER, MA 01524-1396		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: RACHELLE CLOUTIER	Phone: 508-892-7016	Billing Address (if different):	
E-Mail: cloutierr@leicesterma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191851		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun- th details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The s contract will cover any rate adjustrat. A. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal 0 prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
x:	. Date:	X: Da	ite:
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	.



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF LENOX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 6 WALKER ST, LENOX, MA 01240-2741		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DARLENE McCAULEY	Phone: 413-637-5530	Billing Address (if different):	
E-Mail: communitycenter@townoflenox.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191853		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standard	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title:		Print Title:	.



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF LEOMINSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 25 WEST ST, LEOMINSTER, MA 01453-5699		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LAURANE BROOKS	Phone: 978-534-7511	Billing Address (if different):	
E-Mail: lbrooks@leominster-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192105		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustres. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per unent or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	<u>.</u>



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF LEVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 9 MONTAGUE RD, LEVERETT, MA 01054-9725		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: JUDY RAPHAEL Phone: 413-548-1022		Billing Address (if different):		
E-Mail: Ila@aux.umass.edu; coa@leverett.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191854		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	4	
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MFNT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - & Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justii		scope and budget)	gaage/jacancaacon and apaated	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fundation of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15 reason: _ X _agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal (prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred prior to the Effective Date.	D .	
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X: (Signature and Date Must Be Captured A	บลเย: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



CONTRACTOR LEGAL NAME: TOWN OF LEXINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1625 MASSACHUSETTS AVE, LEXINGTON, MA 02420- 3801		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MELISSA INTERESSS	Phone: 781-698-4841	Billing Address (if different):	
E-Mail: minteress@lexingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191856		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	ļ
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R
_X NEW CONTRAC	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I	' ''	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu	
X Other Procurement Exception (Attach authorizin specific exemption or earmark, and exception justifi		 Other Procurement Exception (Attach authorizing lan- scope and budget) 	guage/justification and updated
The Standard Contract Form Instructions and Con-	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
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		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
· · · · · · · · · · · · · · · · · · ·		this contract (or <i>new</i> total if Contract is being amended). \$_	
		h EFT 45 days from invoice receipt. Contractors requesting ac	colorated navments must identify
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days
		day cycle statutory/legal or Ready Payments (M.G.L. c.)	29, § 23A); only initial payment
(subsequent payments scheduled to support standard		rompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	I Councile on Aging (COA) of the
Commonwealth authorized through the annual GAA ar	nd other sources. The activity perfe	primance 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 adult	ts, their families and caregivers. The	ne annual award is determined by the number of elders per n	nunicipality as per the most recent
		nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of th	
the prior obligation for year one is funded in the FY22			is agreement and the amount of
· ' '	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	_
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations inc sement payments, and that the details and circumstances of a	
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		32 , with no new obligations being incurred after this da	
		I obligations shall survive its termination for the purpose of resolving any claim or dispute, for formance, reporting, invoicing or final payments, or during any lapse between amendments.	
			,
		 "Effective Date" of this Contract or Amendment shall be the introduction or a later Contract or Amendment Start Date specific 	
		incorporated by reference as electronically published and the	
		der the pains and penalties of perjury, and further agrees to pr	
upon request to support compliance, and agrees that all terms governing performance of herein according to the following hierarchy of document precedence, the applicable Con			
Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs Contract.		wer costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTO	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
x : .	Date:	X: Dat	te:
X:	t Time of Signature)	X: Dat (Signature and Date Must Be Captured At	Time of Signature)
Print Name:		Print Name:	- · · · · · · · · · · · · · · · · · · ·
Print Title:		Print Title:	<u>.</u>



Torris are also posted at OSD Forms. https://www.mas	<u>.s.gov/iists/osu-iorris</u> .				
CONTRACTOR LEGAL NAME: TOWN OF LEYDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 16 W LEYDEN RD, BERNARDSTON, MA 01337-9737		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: GILDA GALVIS	Phone: 413-773-7932	Billing Address (if different):			
E-Mail: captaingalvis@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191857	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007			
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B		
_X NEW CONTRA	CT	CONTRACT AMENDI			
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change")			
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de			
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update			
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra			
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception justi		scope and budget)	gaago/jaotinoation and apacted		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).				
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 #2.					
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data		
<u> </u>		w, and the parties agree that payments for any obligations in			
are authorized to be made either as settlement p	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA			
X: Date: (Signature and Date Must Be Captured At Time of Signature)		X: Date: (Signature and Date Must Be Captured At Time of Signature)			
Print Name:	= :	Print Name:			
Print Title:		Print Title:	<u>.</u>		



Torris are also posted at OSD Forms. https://www.mas	<u>-5.g0v/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF LINCOLN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 16 LINCOLN RD, LINCOLN, MA 01773-2009		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ABBY BUTT	Phone: 781-259-8811	Billing Address (if different):		
E-Mail: butta@lincoIntown.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191858		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
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Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - & Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizing		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justii		scope and budget)	gaago/jaotinoation and apacted	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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, , ,	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	a Data	
		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	J	
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT v.		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	טמנפ: At Time of Signature)	X: Date Must Be Captured At	ខេ: t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forris. https://www.ma	35. <u>gov/iists/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF LITTLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 37 SHATTUCK ST, LITTLETON, MA 01460-1263		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LIZ TRETIAK	Phone: 978-540-2470	Billing Address (if different):		
E-Mail: ltretiak@littletonma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191859	<u></u>	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007		
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Collective Purchase (Attach OSD approval, scop	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
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Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		scope and budget)	gaago,jacancaacon ana apaatea	
	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions		
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<u> </u>		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	J	
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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 COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



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

Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF LONGMEADOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 20 WILLIAMS ST, LONGMEADOW, MA 01106-1997		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JAMES LEYDEN Phone: 413-565-4150		Billing Address (if different):	
E-Mail: jleyden@longmeadow.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191861		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	4
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Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
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Print Name:		Print Name:	
Print Title:		Print Title:	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF LOWELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 375 MERRIMACK ST, LOWELL, MA 01852-5909		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: LILLIAN HARTMAN	Phone: 978-970-4131	Billing Address (if different):		
E-Mail: lhartman@lowellma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192108		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <u>prior</u> to the Effective Date.	Ç	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract	
are attached and incorporated into this Contract	. Acceptance of payments forever	releases the Commonwealth from further claims related to the	nese obligations.	
amended, provided that the terms of this Contract a	and performance expectations and	0.32, with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an arrangement.	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: Date: (Signature and Date Must Be Captured At Time of Signature)		X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF LUDLOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 488 CHAPIN ST, LUDLOW, MA 01056-2523		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JODI ZEPKE	Phone: 413-583-3564	Billing Address (if different):	
E-Mail: jzepke@ludlow.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191862		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
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specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:
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amended, provided that the terms of this Contract a	and performance expectations and	<u>9.32</u> , with no new obligations being incurred after this dealer obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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Print Name:		Print Name:	
Print Title:		Print Title:	<u></u>



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CONTRACTOR LEGAL NAME: TOWN OF LUNENBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 17 MAIN ST, LUNENBURG, MA 01462-1484		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SUSAN DOHERTY	Phone: 978-582-4166	Billing Address (if different):		
E-Mail: sdoherty@lunenburgonline.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191863		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	CONTRACT AMENDMENT	
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Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procurement			Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
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Print Name:		Print Name:		
Print Title:		Print Title:	<u></u>	



	<u> </u>		
CONTRACTOR LEGAL NAME: CITY OF LYNN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 3 CITY HALL SQ STE 206, LYNN, MA 01901-1028		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CHRISTOPHER GOMEZ- FAREWELL	Phone: 781-718-1763	Billing Address (if different):	
E-Mail: cgomez@lynnma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192109		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007	ļ
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_X NEW CONTRA	CT		
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Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
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Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or be	
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	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
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		ations have been incurred <u>prior</u> to the Effective Date.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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		releases the Commonwealth from further claims related to the	
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Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR.			I T II.
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X:	Date:	X: Dat (Signature and Date Must Be Captured At	e:
		Print Name:	- · · · · · · · · · · · · · · · · · · ·
Print Name: Print Title:		Print Title:	
i init liugi	<u>.</u>	rink fide.	



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CONTRACTOR LEGAL NAME: TOWN OF LYNNFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 55 SUMMER ST, LYNNFIELD, MA 01940-1861		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LINDA NACCARA	Phone: 781-598-1078	Billing Address (if different):	
E-Mail: Inaccara_coa@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191865		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
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