

Forms are also posted at OSD Forms: https://www.mass	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: CITY OF MALDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive C MMARS Department Code: ELD	Office of Elder Affairs	
Legal Address: (W-9, W-4): 200 PLEASANT ST, MA 02148-4884		Business Mailing Address: 1 Ashburton PI, Boston M	IA 02108	
Contract Manager: MIKENEIL PAUL	Phone: 781-397-7000	Billing Address (if different):	N 02100	
E-Mail: mpaul@cityofmalden.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192110	I un.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000	1 ax. 011-121 0000	
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	n	
_X_ NEW CONTRAC	·	CONTRACT AMENDIN		
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	etails of amendment changes.)	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Employee (Attach any undates to scope or by		
Contract Employee (Attach Employment Status Fox Other Procurement Exception (Attach authorizing Contract Employee)		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justifi		scope and budget)	guage/judinoution and apace .	
The Standard Contract Form Instructions and Con-	tractor Certifications and the follows option):Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropriate  X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	r <u>815 CMR 9.00</u> .	
Maximum Obligation Contract. Enter total maxin	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	<u>.</u>	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	_% PPD; Payment issued within 15 reason: <u>X</u> agree to standard 45 LEFT 45 day payment cycle. See P		D; Payment issued within 30 days 29, § 23A); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMAI Commonwealth authorized through the annual GAA an MGL provide social and support services to older adul census data, at a current rate of \$12 per person. This	NCE or REASON FOR AMENDME nd other sources. The activity perfo lts, their families and caregivers. Th contract will cover any rate adjustn . All approved obligations incurred p	ENT: This 10-year contract will cover grant funds to municiper ormance period for year one of this contract is 7/1/2021-6/30, ne annual award is determined by the number of elders per no nent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of thi	/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
1. may be incurred as of the Effective Date (latest s				
		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		
are authorized to be made either as settlement pa	ayments or as authorized reimburs	sement payments, and that the details and circumstances of a	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.	
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r ormance, reporting, invoicing or final payments, or during any	resolving any claim or dispute, for	
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
X: Date: (Signature and Date Must Be Captured At Time of Signature)		X: Date: (Signature and Date Must Be Captured At Time of Signature)		
X: (Signature and Date Must Be Captured A	t Time of Signature)	X: Date Must Be Captured At	te: Time of Signature)	
X: (Signature and Date Must Be Captured A Print Name:		X:		



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CONTRACTOR LEGAL NAME: TOWN OF MANCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 CENTRAL ST, MA 01944-1354		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: NANCY HAMMOND	Phone: 978-526-7500	Billing Address (if different):		
E-Mail: hammondn@manchester.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191866		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	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 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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<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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	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>		



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CONTRACTOR LEGAL NAME: TOWN OF MANSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 PLYMOUTH ST, MA 02048-2033		Business Mailing Address: 1 Ashburton PI, Boston M	ЛА 02108	
Contract Manager: JOSEPHINE MADRAZO	Phone: 508-261-7368	Billing Address (if different):		
E-Mail: jmadrazo@mansfieldma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191867		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	-	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authorized)	,	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 funch 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). \$_	er <u>815 CMR 9.00</u> .	
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, , ,	• ,	actor certify for this Contract, or Contract Amendment, that Capacitans have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date La	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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 COMMONWEALTH:				
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Print Name:	= :	Print Name:		
Print Title: P		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MARBLEHEAD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 188 WASHINGTON ST, MA 01945-3341		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LISA J. HOOPER	Phone: 781-631-6737	Billing Address (if different):		
E-Mail: hooperl@marblehead.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191868		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pays	nents.)	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"	")	
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specific exemption or earmark, and exception just		scope and budget)	.gaago,jacancaacon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Print Name:	= :	Print Name:		
Print Title: Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF MARION (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2 SPRING ST, MA 02738-1519		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: KAREN GREGORY	Phone: 508-748-3570	Billing Address (if different):		
E-Mail: kgregory@marionma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191869		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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Print Name:	- '	Print Name:		
Print Title:		Print Title:	<u>.</u>	



. Citie die die period di CCD : Citie : Ittpoi//ttviiita	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF MARLBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 140 MAIN ST, MA 01752-3812		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108
Contract Manager: TRISH POPE	Phone: 508-485-6492	Billing Address (if different):	
E-Mail: ppope@marlborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192112		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	(CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach 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 <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	_% 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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			
X:(Signature and Date Must Be Captured	Date: At Time of Signature)	X: (Signature and Date Must Be Captured A	te:t Time of Signature)
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title: Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.ma	iss.gov/lists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MARSHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 870 MORAINE ST, MA	02050-3498	Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CAROL C. HAMILTON	Phone: 781-834-5581	Billing Address (if different):		
E-Mail: chamilton@townof marshfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191870		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTR	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	one option only)	Enter Current Contract End Date Prior 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		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurer		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for em	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 authori specific exemption or earmark, and exception jus		scope and budget)	iguage/justification and appared	
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 documen erms and Conditions X Commonwealth Terms and Conditions	itions For Human and Social	
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 <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captons have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of July 1, 20 21, a da are authorized to be made either as settlement	te <b>PRIOR</b> to the Effective Date below payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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		X: Da	ite:	
	- · · · · · · · · · · · · · · · · · · ·	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms				
CONTRACTOR LEGAL NAME: TOWN OF MASHPEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 16 GREAT NECK RD N, MA 02649-2528		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108		
Contract Manager: LYNNE WATERMAN					
E-Mail: lwaterman@mashpeema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191871	<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): 02082200000000000008			
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B		
X NEW CONTRA	СТ	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, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat			
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b			
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan			
specific exemption or earmark, and exception justif		scope and budget)	.gaago,jacancaacon ana apaatoa		
	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 fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfola, their families and caregivers. The contract will cover any rate adjustra. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal		
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1. may be incurred as of the Effective Date (latest	-		D. (		
· · · · · · · · · · · · · · · · · · ·		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in			
		sement payments, and that the details and circumstances of			
		releases the Commonwealth from further claims related to the			
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:					
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Da (Signature and Date Must Be Captured At	t Time of Signature)		
Print Name:		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 MATTAPOISETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 433, MA 02739-0433		Business Mailing Address: 1 Ashburton PI, Boston N	NA 02108	
Contract Manager: JACQUELINE COUCCI	Phone: 508-758-4110	Billing Address (if different):		
E-Mail: coadirector@mattapoisett.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191873		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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· · · · · · · · · · · · · · · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
■ · · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only it made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
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Print Name:	<u>.</u>	Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.				
CONTRACTOR LEGAL NAME: TOWN OF MAYNARD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 195 MAIN ST, MA 01754-2537		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108		
Contract Manager: AMY LOVELESS	Phone: 978-897-1009	Billing Address (if different):			
E-Mail: aloveless@townofmaynard.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191874		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•		
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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 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): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi			
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$				
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support 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		
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are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only 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:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date:			
Print Name:	- '	Print Name:			
Print Title: Print Title:		Print Title:	<u></u>		



Forms are also posted at OSD Forms: https://www.mas	<u>ss.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF MEDFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 459 MAIN ST, MA 02052-2009		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108
Contract Manager: ROBERTA LYNCH Phone: 508-359-3665		Billing Address (if different):	
E-Mail: medfieldcoa@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191876		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4
(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 AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop		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 Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	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 justi		scope and budget)	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	r <u>815 CMR 9.00</u> .
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$_	<u> </u>
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15 y reason: <u>X</u> agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
	• · ·	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			D. (
· · · · · · · · · · · · · · · · · · ·		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	
		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 do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatio upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
		Print Name:	
Print Name:		Print Title:	<u> </u>



Forms are also posted at USD Forms: https://www.ma	ass.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF MEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 85 GEORGE P HASSETT DR, MA 02155-3200		Business Mailing Address: 1 Ashburton PI, Boston M	ЛА 02108
Contract Manager: PAMELA KELLY	Phone: 781-396-6010	Billing Address (if different):	
E-Mail: pkelly@medford-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192114		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): 02082200000000000008	4
(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 AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	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	
Emergency Contract (Attach justification for em	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 authori	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception jus		scope and budget)	igaagorjastiioation and apaatoa
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	c ONE option): <u>Commonwealth T</u> <u>is</u>	Illowing Commonwealth Terms and Conditions documen ferms and Conditions _X _Commonwealth Terms and Conditions document _X _Commonwealth Terms and Conditions document _X _Commonwealth Terms and Conditions _X _Commonwealth Terms _X _Commonwealt	itions For Human and Social
in the state accounting system by sufficient appropri  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identi (subsequent payments scheduled to support standa	% PPD; Payment issued within 19 ify reason: <u>X</u> 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 ad census data, at a current rate of \$12 per person. Thi	and other sources. The activity perfults, their families and caregivers. This contract will cover any rate adjustrd. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 under or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
2. may be incurred as of, 20, a date L	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement	payments or as authorized reimburs	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	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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 to support compliance, and agrees that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor form Instructions and Contractor form the fellowing hierarchy of document precedence over the relevant terms in the RFR and the Contractor's Response only it made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms			
X:(Signature and Date Must Be Captured	_ Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured A	.te: t 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 MEDWAY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 155 VILLAGE ST, MA 02053-1147		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: COURTNEY RILEY	Phone: 508-533-3210	Billing Address (if different):		
E-Mail: Criley@townofmedway.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191877		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach 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	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under <a href="815 CMR 9.00">815 CMR 9.00</a> .  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\( \)			
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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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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:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Print Title:		<del>.</del>		



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF MELROSE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 56, MA 02176-0901		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: STACEY MINCHELLO	Phone: 781-665-4304	Billing Address (if different):	
E-Mail: sminchello@CityofMelrose.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192116		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
_X_ NEW CONTRA	(CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
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· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:	
Print Title: Print		Print Title:	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms		
CONTRACTOR LEGAL NAME: TOWN OF MENDON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 2, MA 01756-0002		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: AMY WILSON-KENT	Phone: 508-478-6175	Billing Address (if different):	
E-Mail: AWilsonKent@mendonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191878		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
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Y NEW CONTRA	CT.		
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMEND 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 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		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 authorizing specific exemption or earmark, and exception justing specific exemption or earmark.)		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	ntractor Certifications and the fol ONE option):Commonwealth T	Illowing Commonwealth Terms and Conditions documen 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	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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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:
		pations have been incurred prior to the Effective Date.	D. (
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract	
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	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
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: (Signature and Date Must Be Captured A	טמנפ: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
Print Name:		Print Name:	
Print Title:		Print Title:	<u>.</u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MERRIMAC (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2 SCHOOL ST, MA 01860-1915		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BRIENNE WALSH	Phone: 978-346-9549	Billing Address (if different):		
E-Mail: bwalsh@townofmerrimac.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191880		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
_X_ NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	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 CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF METHUEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 41 PLEASANT ST, MA 01844-3179		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LINDA SHEEHAN	Phone: 978-983-8825	Billing Address (if different):		
E-Mail: LJSheehan@ci.Methuen.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191881		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pays	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
` ' '	*/	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	<u>9.32</u> , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 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 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 COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:	
	= :			
Print Name:		Print Name:	<del></del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MIDDLEBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 20 CENTRE ST, MA 02346-2270		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HOLLY BEGLEY	Phone: 508-946-2490	Billing Address (if different):		
E-Mail: hbegley@middleborough.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191882		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	.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	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	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 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)	iguage/justilication 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 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, identifing subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	*/	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:		
Print Title: Print Title:		Print Title:		



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF MIDDLEFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 188 SKYLINE TRL, MA 01243-9800		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: JUDITH HOAG Phone: 413-623-8968		Billing Address (if different):		
E-Mail: Judy@judeart.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191883		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea	
	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 fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This report describing how these grant funds were applied.	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.			
	• /	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		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u> </u>	
	· ·			



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MIDDLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 48 S MAIN ST, MA 01949-2253		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JILLIAN SMITH	Phone: 978-777-4067	Billing Address (if different):		
E-Mail: jillian.smith@middletonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191884		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-	
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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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specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 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	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date:		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Print Tit		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MILFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 52 MAIN ST, MA 01757-2611		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN CLARK	Phone: 508-473-8334	Billing Address (if different):		
E-Mail: sclark@townofmilford.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191885		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pay	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
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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	• ,	
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<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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Print Name:	<u>.</u>	Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



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CONTRACTOR LEGAL NAME: TOWN OF MILLBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 267, MA 01527-0267		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JUDITH A. O'CONNOR	Phone: 508-865-9154	Billing Address (if different):		
E-Mail: joconnor@townofmillbury.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191886		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
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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Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
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	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
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· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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Print Name:		Print Name:		
Print Title:		Print Title:	<u></u>	



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CONTRACTOR LEGAL NAME: TOWN OF MILLIS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 900 MAIN ST, MA 02054-1512		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: PATTY KAYO Phone: 508-376-7051		Billing Address (if different):		
E-Mail: pkayo@millis.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191887		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
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Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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CONTRACTOR LEGAL NAME: TOWN OF MILLVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 703, MA 01529-0703		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: TINA COOK	Phone: 508-883-3523	Billing Address (if different):		
E-Mail: sr.center@millvillema.org	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 USD Forms: https://www.mas	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF MILTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 525 CANTON AVE, MA 02186-3240		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CHRISTINE STANTON	ract Manager: CHRISTINE STANTON Phone: 617-898-4893 Billing Address (if different):		
E-Mail: cstanton@townofmilton.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191889		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT payr	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 o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The contract will cover any rate adjustn I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	payments or as authorized reimburs	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 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 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 on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	Date:	X: Da	ite:
	- · · · · · · · · · · · · · · · · · · ·	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	<u></u> :



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MONSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 110 MAIN ST, MA 01057-1348		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LORI STACY	Phone: 413-267-4121	Billing Address (if different):		
E-Mail: Istacy@monson-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191892		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	.4	
(Note: The Address ID must be set up for EFT payr		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, 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 be		
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):Commonwealth T	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	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 lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	ind performance expectations and	0.32 , with no new obligations being incurred after this deal obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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: Date: Date:		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF MONTAGUE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 AVENUE A, MA 01376-1128		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ROBERTA POTTER	Phone: 413-863-9357	Billing Address (if different):		
E-Mail: coa@montague-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191893		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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	• ,	
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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)		
	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) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under <a href="815 CMR 9.00">815 CMR 9.00</a> .  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{1}{2}\$.			
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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:	<del>.</del>	
Print Title:		Print Title:		



Torris are also posted at OSD Forms. https://www.mas	<u>.s.gov/iists/osu-iorris</u> .			
CONTRACTOR LEGAL NAME: TOWN OF MONTEREY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 435 MAIN RD, MA 01245-9716		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KYLE PIURCE	Phone: 413-528-1443	Billing Address (if different):		
E-Mail: coa@montereyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191894	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008		
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Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
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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	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$				
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		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	
		rand <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 all obligations under this Contract		
		releases the Commonwealth from further claims related to the	<b>J</b>	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



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CONTRACTOR LEGAL NAME: TOWN OF MONTGOMERY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 161 MAIN ST, MA 01085-3140		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ANN-MARIE BUIKUS	Phone: 413-862-3257	Billing Address (if different):	
E-Mail: COA-MontgomeryMA@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191896		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000000	-1
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Collective Purchase (Attach OSD approval, score		AMENDMENT TYPE: (Check one option only. Attach of	• ,
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specific exemption or earmark, and exception just		scope and budget)	-gaago/jaoanoaaon ana apaatoa
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms _X _Com	itions For Human and Social
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated functh details of all rates, units, calculation	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). \$_	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 additionable census data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The s contract will cover any rate adjustrat. d. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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 <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that ( lations have been incurred <u>prior</u> to the Effective Date.	v
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , 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:			
<b>x</b> :	. 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	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF MOUNT WASHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 118 EAST ST, MA 01258-9710		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CORY HINES	Phone: 413-528-2839	Billing Address (if different):		
E-Mail: mntcory@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191897		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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	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	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 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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <a href="prior">prior</a> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 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 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 doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF NAHANT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 334 NAHANT RD, MA 01908-1469		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARY MINER	Phone: 781-581-7557	Billing Address (if different):	
E-Mail: mminer@nahant.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191898		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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>
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   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	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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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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 <b>prior</b> 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 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:	Date:	X: Da	ite:
X:(Signature and Date Must Be Captured	= :	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<del>.</del>
Print Title:		Print Title:	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF NANTUCKET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 16 BROAD ST, MA 02554-3500		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAURA STEWART Phone: 508-228-4490		Billing Address (if different):		
E-Mail: Istewart@nantucket-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191899		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	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/jacanoaden ana apaatea	
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
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	• · ·	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		pations have been incurred prior to the Effective Date.	D. (	
· · · · · · · · · · · · · · · · · · ·		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
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X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te:t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NATICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 13 E CENTRAL ST, MA 01760-4629		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: SUSAN RAMSEY	Phone: 508-647-6544	Billing Address (if different):		
E-Mail: sramsey@natickma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191900		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
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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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	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
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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	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:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date:		
Print Name:	= :	Print Name:		
Print Title:		Print Title:		



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NEEDHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1471 HIGHLAND AVE, MA 02492-2605		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LATANYA STEELE	Phone: 781-455-7555	Billing Address (if different):		
E-Mail: Isteele@needhamma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191901		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008		
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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 -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date L/	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 oucumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured		X: Da (Signature and Date Must Be Captured A	ite:	
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF NEW ASHFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 188 MALLERY RD, MA 01237-9611		Business Mailing Address: 1 Ashburton Pl, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHERRY YOUNGKIN Phone: 413-822-3576		Billing Address (if different):		
E-Mail: say52cbs@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191903		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym		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, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	etails of amendment changes.)	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		scope and budget)	guage/justilication and appatica	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ntractor Certifications and the fol ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			D. (	
■ · · · · · · · · · · · · · · · · · · ·		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		
		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		
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 imance, 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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
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:		
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 NEW BEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 133 WILLIAM ST, MA 02740-6132		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBRA LEE	Phone: 508-991-6251	Billing Address (if different):		
E-Mail: Debra.Lee@newbedford-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192118		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
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 lan		
specific exemption or earmark, and exception justi		scope and budget)	.gaago,jacancaacon ana apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Illowing 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 <a href="815 CMR 9.00">815 CMR 9.00</a> .  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\( \)			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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	*/	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
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are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	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 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 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 COMMONWEALTH:				
X:(Signature and Date Must Be Captured A	Date:	X: Da	te:	
	- :	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NEW BRAINTREE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 20 MEMORIAL DR, MA 01531-1743		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOANNE THOMPSON	Phone: 508-867-9910	Billing Address (if different):		
E-Mail: councilonaging@newbraintree.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191904		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
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Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
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	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 <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 under or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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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:		<del>.</del>		



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NEW MARLBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 807 MILL RIVER SOUTHFIELD RD, MA 01970-1322		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PRUDENCE SPAULDING	Phone: 413-229-8278	Billing Address (if different):		
E-Mail: prudencespaulding@hotmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191905		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
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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	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)	-99	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen 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) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This 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 #3.			
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title:    Print Title:		<u>.</u>		



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF NEW SALEM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 15 SOUTH ST, MA 01235-9329		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: HENDRA REIDY Phone: 978-544-2293		Billing Address (if different):	
E-Mail: newsalemcoa@yahoo.com;	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191906		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fundation of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest			
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of iomance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:
Print Name:		Print Name:	<u> </u>
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 NEWBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 12 KENT WAY,STE10, MA 01922-1221		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: CINDY CURRIER Phone: 978-462-8114		Billing Address (if different):	
E-Mail: coa@townofnewbury.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191908		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacancaacon and apaated
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of this e signed contract is 6/30/22. MA #3.	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:
		pations have been incurred prior to the Effective Date.	D. (
· · · · · · · · · · · · · · · · · · ·		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in	
		sement payments, and that the details and circumstances of	
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms, provided that additional negotiated 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:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
		Print Name:	
Print Name:            Print Title:		Print Title:	<u> </u>



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: CITY OF NEWBURYPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 550, MA 01950-0650		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: PAULA BURKE Phone: 978-462-8650		Billing Address (if different):		
E-Mail: pburke@cityofnewburyport.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192119		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
V NEW CONTRA	CT.			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat		
Notice or RFR, and Response or other procurement Emergency Contract (Attach justification for emergency Contract)		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing lar scope and budget)	guage/justification and updated	
		llowing Commonwealth Terms and Conditions documen	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Condi		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
	, ,	this contract (or <b>new</b> total if Contract is being amended). \$_		
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		ENT: This 10-year contract will cover grant funds to municip	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	0/2022. The COAs established by	
		he annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal (		
		prior to the latest signature date are intended to be part of th		
the prior obligation for year one is funded in the FY22			_	
, , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest s	-	ations have been incurred <u>prior</u> to the Effective Date. • and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n 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	
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 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 CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:			
X:(Signature and Date Must Be Captured A	t Time of Signature)	X: Da (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u></u>	
Print Title:    Print Title:			<del>.</del>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF NEWTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1000 COMMONWEALTH AVE, MA 02459-1400		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JAYNE COLINO	Phone: 617-796-1671	Billing Address (if different):		
E-Mail: jcolino@newtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192120		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payı	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check 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   X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
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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, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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`	• / •	ractor certify for this Contract, or Contract Amendment, that or pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this 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 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 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	Date:	X:	ite:	
	= :			
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: TOWN OF NORFOLK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 LIBERTY LN, MA 02056-1499		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: SHERYL NORMAN Phone: 508-528-4430 Billing Address (if different):				
E-Mail: snorman@norfolk.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191909	<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): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
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Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
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Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This report describing how these grant funds were applied.	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.			
	• • • • • • • • • • • • • • • • • • • •	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		
		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 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 COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u>	
Find ride.			<del></del>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF NORTH ADAMS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 MAIN ST, MA 01247-3419		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: SANDRA LAMB	Phone: 413-662-3125	Billing Address (if different):		
E-Mail: spitzercntr@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192121		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scored Department Procurement (includes all Grants		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	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, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA MGL provide social and support services to older addressus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	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	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 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 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 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 effectic 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:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF NORTH ANDOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 400 OSGOOD ST, MA 01845-2909		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: KATHY SHELP Phone: 978-688-9560 Billing Address (if different):				
E-Mail: kshelp@northandoverma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191910		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	')	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan		
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		
in the state accounting system by sufficient appropriat	tions or other non-appropriated fun-	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	r <u>815 CMR 9.00</u> .	
Maximum Obligation Contract. Enter total maxir	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$_	<u>.</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 w, and the parties agree that payments for any obligations in		
		ement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
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	
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X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
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Print Name:		Print Name:	<u> </u>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NORTH ATTLEBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 43 S WASHINGTON ST, MA 02760-1642		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PAMELA HUNT	Phone: 508-699-0131	Billing Address (if different):		
E-Mail: phunt@nattleboro.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191912	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
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 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 <a href="815 CMR 9.00">815 CMR 9.00</a> .  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\( \)			
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· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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X:	Date:	X: Da	te:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:   Date:   Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:		



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CONTRACTOR LEGAL NAME: TOWN OF NORTH BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 185 N MAIN ST, MA 01535-1531		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: SHARON DONOVAN	Phone: 508-867-0220	Billing Address (if different):		
E-Mail: coadirector@northbrookfield.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191913	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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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	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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Print Name:	<u>.</u>	Print Name:	<u></u> :	
Print Title: Print 1		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NORTH READING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 235 NORTH ST, MA 01864-1258		Business Mailing Address: 1 Ashburton PI, Boston M	ЛА 02108	
Contract Manager: SHERRI GREER	Phone: 978-664-5600	Billing Address (if different):		
E-Mail: sgreer@northreadingma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191915		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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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)	iguage/justification and apaated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen rerms and Conditions X Commonwealth Terms and Conditions	itions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) 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).			
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 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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations 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	ind performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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: Da	ite:	
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:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: CITY OF NORTHAM (and d/b/a):	PTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 210 MAIN ST, MA 01060	-3196	Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: MARIE WESTBURG	Phone: 413-587-1228	Billing Address (if different):		
E-Mail: mwestburg@northamptonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192124		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
Y NEW CONTRA	CT			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		Other Procurement Exception (Attach authorizing lar scope and budget)	guage/justification and updated	
		llowing Commonwealth Terms and Conditions documen	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
<u> </u>		this contract (or <b>new</b> total if Contract is being amended). \$		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
		ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the	
		ormance period for year one of this contract is 7/1/2021-6/30		
		he annual award is determined by the number of elders per r ment or increase during the 10-year period. Each municipal (		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of th		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• /	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
_X_ 3. were incurred as of _July 1 , 20 21 , a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
		0.32, with no new obligations being incurred after this day		
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 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 referer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form 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 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 CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:			
X: (Signature and Date Must Be Captured A	At Time of Signature)	X:	Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title: Print Title:			<u></u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NORTHBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 63 MAIN ST, MA 01532-	-1937	Business Mailing Address: 1 Ashburton PI, Boston I	ЛА 02108	
Contract Manager: ADRIENNE COST	Phone: 508-393-5035	Billing Address (if different):		
E-Mail: COA@TOWN.NORTHBOROUGH.MA.US	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191917		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pays		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	l Department)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scor		AMENDMENT TYPE: (Check one option only. Attach of	• ,	
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach upda		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or better the contract Employee)		
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)	.gaagorjaoanoaaon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u> <u>s</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms and Conditions documenterms and Conditions _X _Commonwealth Terms _X _Com	itions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated functh details of all rates, units, calculation	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). \$_	er <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 19 fy 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	
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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 (ations have been incurred <b>prior</b> to the Effective Date.	v	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
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 certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, and Contractor Standard Contract Form, the Standard Contract Form, the Standard Contract Form, and Contractor Standard Contract Form, the Standard Contract Form, and Contractor Standard Contract Form, the Standard Contract Form, and Contractor Standard Contract Form, the Standard Contract Form, and Contractor Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, and Contract Form, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of 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 Data Form Formaction.  Authorizing Signature For The Commonwealth:				
		X:	ite:	
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:			<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .		
CONTRACTOR LEGAL NAME: TOWN OF NORTHBRIDGE (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, MA 01588-2	247	Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108
Contract Manager: KELLY BOL	Phone: 508-234-2002	Billing Address (if different):	
E-Mail: kbol@northbridgemass.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191919		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	
(Note: The Address ID must be set up for EFT paym		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	Department)	Enter Amendment Amount: \$ (or "no change"	')
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	.gaago,jacancaacon ana apaatoa
	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 fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
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· · · · · · · · · · · · · · · · · · ·		and no obligations have been incurred prior to the Effective w, and the parties agree that payments for any obligations in	
		sement payments, and that the details and circumstances of	
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)
Print Name:		Print Name:	
Print Title:		Print Title:	<u></u>
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Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF NORTHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 69 MAIN ST, MA 01360-	1017	Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: COLLEEN LETOURNEAU	Phone: 413-498-2901	Billing Address (if different):		
E-Mail: SeniorCenter@northfieldma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191921		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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		
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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	itions or other non-appropriated fund 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> .	
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· · · · · ·	*/	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to 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:	- · · · · · · · · · · · · · · · · · · ·	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 NORTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 70 E MAIN ST, MA 02766-2310		Business Mailing Address: 1 Ashburton PI, Boston M	ЛА 02108
Contract Manager: ELIZABETH ROSSI	Phone: 508-285-0235	Billing Address (if different):	
E-Mail: ETaylorRossi@nortonmaus.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191922		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
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	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support 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.).			er <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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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 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 shall be the latest date that this Contractor Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cert required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents of this Contract of the support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depar unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response during the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  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
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Print Name:	<u>.</u>	Print Name:	
Print Title: Print Title:			<u>.</u>



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CONTRACTOR LEGAL NAME: TOWN OF NORWELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 345 MAIN ST, MA 0206	1-2400	Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: SUSAN CURTIN	Phone: 781-659-7878	Billing Address (if different):		
E-Mail: scurtin@townofnorwell.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191923		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
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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 _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	.gaago/jacanoadon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>s</u>	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support 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.).			er <u>815 CMR 9.00</u> .	
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· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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CONTRACTOR LEGAL NAME: TOWN OF NORWOOD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 566 WASHINGTON ST,	MA 02062-2203	Business Mailing Address: 1 Ashburton PI, Boston M	ЛА 02108
Contract Manager: KERRI MCCARTHY	Phone: 781-762-1201	Billing Address (if different):	
E-Mail: kmccarthy@norwoodma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191924		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-
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specific exemption or earmark, and exception just		scope and budget)	1
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in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .
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CONTRACTOR LEGAL NAME: TOWN OF OAK BLUFFS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 1327, MA 0255	7-1327	Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108
Contract Manager: ROSE COGLIANO	Phone: 508-693-4509	Billing Address (if different):	
E-Mail: rcogliano@oakbluffsma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191926		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
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Legal Address: (W-9, W-4): PO BOX 57, MA 01068-	0057	Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: LUCY TESSNAU	Phone: 508-882-3358	Billing Address (if different):		
E-Mail: coa@oakham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
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COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support 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).			r <u>815 CMR 9.00</u> .	
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA 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 establist 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 census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.			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 <u>prior</u> 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 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 Contractor and approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cer required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docur upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depai unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response during the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
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>	



Contractor Vendor Code: VC6000191929  E-Mail: Stacey.oconnell@mass.gov  Fax: 617-727-9368  Vendor Code Address ID (e.g. "AD001"): AD 001.  (Note: The Address ID must be set up for EFT payments.)  MMARS Doc ID(s): 0208220000000000000008  RFR/Procurement or Other ID Number: MGL c. 40 s. 8B  X. NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Altach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X. Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract with supportive accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth Terms and England Payments are issued through EFT 45 days notice recept. Contractors requesting 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 within 15 days where the support iss	Forms are also posted at USD Forms: https://www.mass	<u>.gov/iists/osa-torms</u> .		
Contract Manager: TRACY GAUDET Phone: 978-544-3481 Billing Address (if different):  E-Mail: Igaudet@townofcrange.org Fax: Contract Manager: Stacey Anne O'Connell Phone: 617-222-7419  Contractor Vendor Code: VC6000191929  E-Mail: Stacey.oconnell@mass.gov Fax: 617-727-9368  Wandor Code Address ID (e.g. "AD011"): AD 001.  (Note: The Address ID must be set up for EFT payments.)  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement or Other ID Number: MGL c. 40 s. 88  RFR/Procurement Date MGC of Amendment 20  Linetin Amendment to Date Scope or Budger! Amendment or Date Scope or Budger! On Contract Employee (Atlach Employeens) Scope or Budger! On Contract Employeens Scope or Budger! On Contract Employeens Scope Scope Scope Scope Scope Scope Scope Scope Scope				
E-Mail: tgaudet@townoforange.org   Fax:   Contract Manager: Stacey Anne O'Connell   Phone: 617-222-7419   Contractor Vendor Code: VC6000191929   Fax:   E-Mail: Stacey oconnell@mass.gov   Fax: 617-727-9588   Windor Code Address ID (e.g. "AD001"): AD 001.   (Note: The Address ID (e.g. "AD001"): AD 001.    PROCUREMENT OR EXCEPTION TYPE: (Check one option only)   Statewide Contract (CSD or an SSD designated Department)   Collective Purchase (Attach SSD approva): scope, budge!)   Contract Employee (Attach Stace)   Contract Employee (Attach Employment Status Form: scope, budge!)   The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by retinit this Contract and are legally binding; (Check ONE option):   Commonwealth Terms and Conditions document are incorporated by retinit this Contract and are legally binding; (Check ONE option):   Commonwealth Terms and Conditions with the terms of this Contract and are legally binding; (Check ONE option):   Commonwealth Terms and Conditions with the terms of this Contract and are legally binding; (Check ONE option):   Commonwealth Terms and Conditions with the terms of this Contract will be stime the state accounting system by sufficient appropriations or other non-appropriated thurst, subject to intercept for Commonwealth Terms and Conditions for terms are beginned to the subject to intercept for Commonwealth Terms and Conditions for terms are beginned to the subject to intercept for Commonwealth Terms and Conditions for terms are begi	Legal Address: (W-9, W-4): 6 PROSPECT ST, MA 01	64-1133	Business Mailing Address: 1 Ashburton PI, Boston N	NA 02108
Contractor Vendor Code: VC6000191329	Contract Manager: TRACY GAUDET	Phone: 978-544-3481	Billing Address (if different):	
Wander Code Address ID (e.g. "AD001"): AD 001.	E-Mail: tgaudet@townoforange.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
RFI/Procurement or Other ID Number: MGL c. 40 s. 8B  X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (CSD or an OSD-designated Department) Collective Purchase (Altach OSD approval, scope, budget) Department Procurement (includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach and and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions and the following Commonwealth Terms and Conditions and the following Commonwealth Terms and Conditions A Commonwealth T	Contractor Vendor Code: VC6000191929		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
RFI/Procurement or Other ID Number: MGL c. 40 s. 8B  X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (CSD or an OSD-designated Department) Collective Purchase (Altach OSD approval, scope, budget) Department Procurement (includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Includes all Cartias - \$15 CJMR 2 (00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach and and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions and the following Commonwealth Terms and Conditions and the following Commonwealth Terms and Conditions A Commonwealth T	Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach (OSD or an OSD-designated Department)  Department Procurement (includes all Grants - 816 CMR 200) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Z. Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmaik, and exception lustification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions  For Services — Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract with the terms of the site of the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be single the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth Terms and Conditions For Human and Sos Services — Commonwealth Terms and Conditions For Human and Sos Services — Commonwealth or the terms of this Contract (No Maximum Obligation) for the Industriant of this contract (or new total Contract) is being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duvation of this contract (or new total Contract is being amended).  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued within 10 days — SPPD, Payment issued within 10 days — SPPD, Payment issued within 15 days — SPPD, Payment issued within 15 days — SPPD, Payment issue	· -	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
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Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach and updated scope/budget)  Contract Employee (Attach incompose)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justifications, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions of Contract and are legally binding: (Check ONE option):	Statewide Contract (OSD or an OSD-designated	repartment)	Enter Amendment Amount: \$ (or "no change"	")
Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for memgency, soope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by re into this Contract and are legally binding; (Check ONE option):Commonwealth Terms and Conditions & Commonwealth Terms and Conditions For Human and Sor ServicesCommonwealth ServicesCommonwealth Terms and Conditions For Human and Sor ServicesCommonwealth Service			` '	• ,
Emergency Contract (Altach justification for emergency, scope, budget)  Contract Employee (Attach Employeen Status Form, scope, budget)  X Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by re into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions Gommonwealth Terms and Conditions For Human and Sor ServicesCommonwealth IT Terms and Conditions or other non-appropriated funds, subject to intercept for Commonwealth word debts under 315 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 are a PPD as follows: Payment issued within 10 days% PPD. Pp. Payment issued within 15 days% PPD, Pp. Payment issued within 15 days% PPD, Pp.				
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specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by re into this Contract and are legally binding; (Check ONE option):Commonwealth Terms and Conditions _X_Commonwealth Terms and Conditions For Human and Soc ServicesCommonwealth Terms and Conditions _Commonwealth owned 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)S	. <del>.</del>	,		
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a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within% 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 initia (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 (CC 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 establing MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the more census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an and 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 the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1 may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2 may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3 were incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3 were incurred as of, 20, a date LATER than the Effe	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.)			r <u>815 CMR 9.00</u> .
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 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 microsum 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 and 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 amathe prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of, 20, 20, with no new obligations being incurred after this date unless the Contract is amended, provided that the terms of this Contract and performance expectations and obligatio	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 day% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (CO/Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs establis MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amo			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
X 3. were incurred as of July 1, 20 21 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of June 30, 20 32, with no new obligations being incurred after this date unless the Contract is 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 discompleting any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amended.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this CAMENDED Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cerequired under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by	` ' '	*/		Contract obligations:
are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as ofune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is 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 discompleting any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amended.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this C Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cerequired under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docu upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by	2. may be incurred as of, 20, a date LA	ER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
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 di completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amended the contract or Amendment shall be the latest date that this Company and the 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 certain 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 to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by	are authorized to be made either as settlement pa	yments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under 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 an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cerequired under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docu upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by	amended, provided that the terms of this Contract ar	d performance expectations and	obligations shall survive its termination for the purpose of it	resolving any claim or dispute, for
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depa unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Responsed using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	fied above, subject to any required e Contractor makes all certifications 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: Date: Date: Oate: (Signature and Date Must Be Captured At Time of Signature)	(Signature and Date Must Be Captured A	Time of Signature)	(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.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ORLEAN (and d/b/a):	S	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 19 SCHOOL RD, MA 026	353-3609	Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: JUDI WILSON	Phone: 508-255-6333	Billing Address (if different):		
E-Mail: jwilson@town.orleans.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191930		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
Y NEW CONTRA	CT			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d		
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		Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	guage/justilication 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		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supporte 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).			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.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of 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 I 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 fis report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• /	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest			<b>D</b> .	
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	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 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 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 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 process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	บลเย: \t 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: Print Title:		<u>.</u>		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF OTIS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 N MAIN RD, MA 01253-9800		Business Mailing Address: 1 Ashburton PI, Boston N	NA 02108
Contract Manager: RALPH GLEASON	Phone: 413-269-0100	Billing Address (if different):	
E-Mail: seniorsotisma@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191931		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	.CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			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 <b>prior</b> to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement 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 Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cert required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required docun 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 rherein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Depar unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Respon made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured 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	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF OXFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 181 MAIN ST, MA 01540-2352		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LAURA WILSON	Phone: 508-987-6000	Billing Address (if different):	
E-Mail: lwilson@oxfordma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191932		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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>
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   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	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 <b>new</b> 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 <b>prior</b> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	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	Date:	X: Da (Signature and Date Must Be Captured A	te:
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Print Name:		Print Name:	<del>.</del>
Print Title:		Print Title:	<del>.</del>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PALMER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 4417 MAIN ST, MA 01069-6901		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MARLENE JOHNSON	Phone: 413-283-2670	Billing Address (if different):		
E-Mail: mjohnson@townofpalmer.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191934		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
_X_ NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
2. may be incurred as of, <b>20</b> , a date <b>LA</b>	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 Contractor of 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:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PAXTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 697 PLEASANT ST, MA 01612-1082		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CINDY LOVE	Phone: 508-756-2833	Billing Address (if different):		
E-Mail: clove@townofpaxton.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191936		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pays	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
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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	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; Payment issued within 19 by reason: <u>X</u> agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PF day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days	
Commonwealth authorized through the annual GAA MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	<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 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 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	. Date:	X:	ite:	
(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:	<del>.</del>	
Print Title:		Print Title:	<u>-</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: CITY OF PEABODY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 24 LOWELL ST, MA 01960-5440		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: CAROLYN WYNN Phone: 978-531-2254		Billing Address (if different):		
E-Mail: cwynn@peabodycoa.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192125		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
V NEW CONTRA	CT.			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat		
Notice or RFR, and Response or other procurement Emergency Contract (Attach justification for emergency Contract)		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lar scope and budget)	guage/justification and updated	
specific exemption or earmark, and exception justif		llowing Commonwealth Terms and Conditions documen	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
1 <u> </u>		this contract (or <i>new</i> total if Contract is being amended). \$		
		h EFT 45 days from invoice receipt. Contractors requesting <b>a</b>	ecolorated navments must identify	
		5 days % PPD; Payment issued within 20 days % PP		
% PPD. If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard		Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	ad Councils on Aging (COA) of the	
		ormance period for year one of this contract is 7/1/2021-6/30		
MGL provide social and support services to older adul	Its, their families and caregivers. The	he annual award is determined by the number of elders per r	municipality as per the most recent	
		nent or increase during the 10-year period. Each municipal ( 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	
ANTICIPATED START DATE: (Complete ONE optio	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	-			
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
		32 , with no new obligations being incurred after this da		
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
completing any negotiated terms and warranties, to al	low any close out or transition perf	formance, reporting, invoicing or final payments, or during an	y 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective				
Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			71 TH·	
X:	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:	<del></del>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PELHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 351 AMHERST RD, MA 01002-9714		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: TRACY OSBAHER	Phone: 413-253-0512	Billing Address (if different):		
E-Mail: tosbahr7@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191937		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	.4	
(Note: The Address ID must be set up for EFT pays		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	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scor		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 Conditions	tions For Human and Social	
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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	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 municip 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 a ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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 <u>prior</u> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to 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 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 effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	te:	
	= :			
Print Name: Print Title:		Print Name: Print Title:	<u></u> :	
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Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PEMBROKE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 100 CENTER ST, MA 02359-2207		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: GRETCHEN EMMETTS	Phone: 781-294-8220	Billing Address (if different):		
E-Mail: gemmetts@townofpemprokemass.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191938		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X_ NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	J. 1	
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 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) 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 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 municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date 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 p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF PEPPERELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 MAIN ST, MA 01238-1612		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN MCCARTHY Phone: 978-433-0326		Billing Address (if different):		
E-Mail: coa@town.pepperell.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191939		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	4	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	')	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15 reason: <u>X</u> agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; 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		
		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	
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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this 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 at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:		
	· ·			



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF PERU (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): P.O. Box 516, MA 01235-9513		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JESSICA GANCARZ	Phone: 413-446-9628	Billing Address (if different):	
E-Mail: townadmin@townofperuma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191940		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	ст	CONTRACT AMEND	MENT
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Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
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) 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the esigned contract is 6/30/22. MA #3.	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 the	all obligations under this Contract
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this 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 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: (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 PETERSHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 3 S MAIN ST, MA 01463-1647		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KAY BERRY	Phone: 978-724-6610	Billing Address (if different):	
E-Mail: pshamcoa@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191941		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <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 perfults, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
` ' '	*/	ractor certify for this Contract, or Contract Amendment, that Copations have been incurred prior to the Effective Date.	Contract obligations:
<u> </u>		v 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 incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depositions 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 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:(Signature and Date Must Be Captured	Date:	X: Da	ite:
	= :	X: Date:  (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	
Print Title:		Print Title:	<u></u> :



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF PHILLIPSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 50 THE CMN, MA 01331-9736		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PAULA HALEY	Phone: 978-939-4086	Billing Address (if different):	
E-Mail: phaleyhr@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191942		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing 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, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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Commonwealth authorized through the annual GAA MGL provide social and support services to older additionable census data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The s contract will cover any rate adjustra d. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, · · · · ·	*/	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement	payments or as authorized reimburs	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 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
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 certificatic 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 in according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)	
Print Name:	<u>.</u>	Print Name:	
Print Title:		Print Title:	<del>.</del>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF PITTSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 70 ALLEN ST, MA 01201-6250		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JIM CLARK	Phone: 413-499-9346	Billing Address (if different):		
E-Mail: jclark@pittsfieldch.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192128		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be		
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)	-99	
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 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	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support 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 municip 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 in ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	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 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	
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 certificatic 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: <a href="https://www.mas">https://www.mas</a>	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF PLAINFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 344 MAIN ST, MA 01070-9795		Business Mailing Address: 1 Ashburton Pl, Boston M	IA 02108	
Contract Manager: SUSAN LAROCK Phone: 413-743-5345		Billing Address (if different):		
E-Mail: pking@town.plainfield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191943		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
X NEW CONTRA	CT.	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach 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 Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	are incorporated by reference	
into this Contract and are legally binding: (Check of Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social	
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
· · · · · · · · · · · · · · · · · · ·		this contract (or <b>new</b> total if Contract is being amended). \$_		
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15 reason: <u>X</u> agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting at 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy )	D; Payment issued within 30 days	
		ENT: This 10-year contract will cover grant funds to municipate the state of the st	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	
		ne 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 thi		
the prior obligation for year one is funded in the FY22				
,	• .	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
1. may be incurred as of the Effective Date (latest		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	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		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of r 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 Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date:	X: Date Must Be Captured At	te:	
			- · · · · · · · · · · · · · · · · · · ·	
Print Name:	<del></del>	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 PLAINVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 142 SOUTH ST, MA 02762-1917		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LIGA COGLIANO	Phone: 508-699-7384	Billing Address (if different):		
E-Mail: lcogliano@plainville.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191944		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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"		
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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>	llowing 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 <i>new</i> total if Contract is being amended). \$			
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support 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 perfolits, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #3.	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 ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of informance, 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 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 onlimade 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: 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:				



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PLYMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 11 LINCOLN ST, MA 02360-3325		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MICHELE BRATTI	Phone: 508-830-4230	Billing Address (if different):		
E-Mail: mbratti@townhall.plymouth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191945		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach upda		
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 I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	.gaagorjaaanaaaan ana apaataa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	itions 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, 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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this 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 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 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 referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date:  (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u></u> :	
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 PLYMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 5 PALMER RD, MA 02367-1110		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: COLLEEN THOMPSON	Phone: 781-585-5214	Billing Address (if different):		
E-Mail: coadirector@plymptontown.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191947		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT pay		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	ßB	
X NEW CONTRA	ACT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check of	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated	d Department)	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 upda		
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 authorists specific exemption or earmark, and exception justice)		scope and budget)	iguage/justilication and apaated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option):Commonwealth T s	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Conditions	itions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	compensation: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi report describing how these grant funds were applied	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR 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 #3.			
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that 0 ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract	and performance expectations and	32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured		X: Da	ıte:	
		X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u> </u>	
Print Title: Print Title:		Print Title:		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PRINCETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 6 TOWN HALL DR, MA 01541-1138		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JUDITH WEBSTER	Phone: 978-464-5977	Billing Address (if different):		
E-Mail: coa@town.princeton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191949		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\( \)			
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	ind performance expectations and	0.32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 provides. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificat required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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 refers herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
X:(Signature and Date Must Be Captured	Date:	X: Da	ite:	
	- · · · · · · · · · · · · · · · · · · ·	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF PROVINCETOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 260 COMMERCIAL ST, MA 02657-2213		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHRIS HOTTLE	Phone: 508-487-7080	Billing Address (if different):		
E-Mail: chottle@provincetown-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191950		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	-	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
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Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo alts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip 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 under or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	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 Capacitans have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatio 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 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: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Pri		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF QUINCY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1305 HANCOCK ST, MA 02169-5119		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: THOMAS F. CLASBY, JR.	Phone: 617-376-1244	Billing Address (if different):		
E-Mail: tclasby@quincyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192132		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
_X_ NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	1	
	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 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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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Commonwealth authorized through the annual GAA a MGL provide social and support services to older 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 municip ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per rement or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #3.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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		X: Da	ite:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



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CONTRACTOR LEGAL NAME: TOWN OF RANDOLPH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 41 S MAIN ST - TREASURER, MA 02368-4839		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KERI SULLIVAN	Phone: 781-961-0930	Billing Address (if different):	
E-Mail: ksullivan@randolph-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191951		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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> .
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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	
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	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:
	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
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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 RAYNHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 558 S MAIN ST, MA 02767-1677		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELIZABETH MOURA	Phone: 508-824-2740	Billing Address (if different):		
E-Mail: emoura@town.raynham.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191952		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
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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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	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 <b>new</b> total if Contract is being amended). \$_	er <u>815 CMR 9.00</u> .	
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· · · · · ·	*/	actor certify for this Contract, or Contract Amendment, that Captions have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	ite:	
Print Name:		Print Name:	<u> </u>	
Print Title:	<u> </u>	Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF READING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 16 LOWELL ST, MA 01867-2601		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMY O'BRIEN	Phone: 781-942-6658	Billing Address (if different):		
E-Mail: aobrien@ci.reading.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191953		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(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	Department)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
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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:  (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 REHOBOTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 148R PECK ST, MA 02769-3009		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LINNA SHERMAN	Phone: 508-252-3372	Billing Address (if different):		
E-Mail: Isherman@town.rehoboth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191955		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
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`	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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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 requive approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documenta upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a 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 COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured A	te:	
	= :			
Print Name:		Print Name:	<del>.</del>	
Print Title:		Print Title:	<del>.</del>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: CITY OF REVERE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 281 BROADWAY, MA 02151-5027		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DEB PZECKA-DiGIULIO	Phone: 781-286-8156	Billing Address (if different):	
E-Mail: dpeczka@revere.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192136		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	•
(Note: The Address ID must be set up for EFT 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, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception just		scope and budget)	J. 1
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>S</u>	Illowing Commonwealth Terms and Conditions documen Terms and Conditions X Commonwealth Terms and Conditions Commonwealth Terms and Conditions document X Commonwealth Terms and Conditions document X Commonwealth Terms and Conditions document X Commonwealth Terms and Conditions Commonwealth Terms and Conditions X Commonwealth Terms A Condition X	tions For Human and Social
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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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 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 documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refere herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Finstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departmen unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response or made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
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Print Name:		Print Name: Print Title:	
Print Title:		1 1111 11UG.	<u>-</u> _



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF RICHMOND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1529 STATE RD, MA 01254-5094		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PHYLLIS LEBEAU	Phone: 413-698-3656	Billing Address (if different):		
E-Mail: coa@richmondma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191957		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(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 updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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 <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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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 USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF ROCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 CONSTITUTION WAY, MA 02770-2029		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ERIC POULIN	Phone: 508-763-8723	Billing Address (if different):		
E-Mail: EPoulin@townofrochester.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191958		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
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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 Capations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
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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:  (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	<u>ss.gov/lists/osd-forms</u> .				
CONTRACTOR LEGAL NAME: TOWN OF ROCKLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 242 UNION ST, MA 02370-1804		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: MARGARET BRYAN Phone: 781-871-1266		Billing Address (if different):			
E-Mail: rocklandseniors@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191959		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
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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/jacanoaden ana apaatea		
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions			
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .		
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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		ations have been incurred <b>prior</b> to the Effective Date.  or and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
· · · · · · · · · · · · · · · · · · ·		or and no obligations have been incurred prior to the Effective  w, and the parties agree that payments for any obligations in   or any obligations in  or			
		sement 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 these obligations.					
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required to contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as dithe Contractor's Response only if ower costs, or a more cost effective ALTH:		
X: (Signature and Date Must Be Captured A	บลเย: 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:			



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CONTRACTOR LEGAL NAME: TOWN OF ROCKPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 15, MA 01966-0015		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DIANE BERTOLINO	Phone: 978-546-2573	Billing Address (if different):	
E-Mail: dbertolino@rockportma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191960		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000008	-
(Note: The Address ID must be set up for EFT 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	
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 o	• ,
Notice or RFR, and Response or other procuren		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for em		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authorized)	,	Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception just		scope and budget)	1
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun ch details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$	er <u>815 CMR 9.00</u> .
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, , ,	• / •	ractor certify for this Contract, or Contract Amendment, that or pations have been incurred <b>prior</b> to the Effective Date.	Contract obligations:
2. may be incurred as of, 20, a date L	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
CONTRACT END DATE: Contract performance shall terminate as of			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:		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:	<u> </u>
Print Title:	<u> </u>	Print Title:	<u>·</u>



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: TOWN OF ROWE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 321 ZOAR RD, MA 01367-9728		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANICE BOUDREAU Phone: 413-339-5520		Billing Address (if different):		
E-Mail: townadmin@rowe-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191961		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008		
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Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		scope and budget)	guage/justilication and updated	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	tractor Certifications and the fol DNE option):Commonwealth T	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	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 <b>new</b> 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	-			
· ·		w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.  www, and the parties agree that payments for any obligations incurred prior to the Effective Date		
		ement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 <u>32</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
Amendment has been executed by an authorized sig approvals. The Contractor certifies that they have acc required under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docume Instructions and Contractor Certifications, the Reque unacceptable, and additional negotiated terms, provid made using the process outlined in 801 CMR 21.07, in Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACT	AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
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	3S.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF ROWLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 347, MA 01969-0847		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ELEANOR DAVIS	Phone: 978-948-7637	Billing Address (if different):	
E-Mail: ellie.davis@townofrowley.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191962		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	
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Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justi		scope and budget)	1
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).		
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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	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract
CONTRACT END DATE: Contract performance shall terminate as of			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
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Print Name:		Print Name:	
Print Title:		Print Title:	<del>.</del>



Torris are also posted at OSD Forms. https://www.ma	<u>55.g0v/ii5t5/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF ROYALSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 1, MA 01368-0001		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BETTY WOODBURY	Phone: 978-249-9656	Billing Address (if different):		
E-Mail: bos@royalston-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191963	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000008		
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specific exemption or earmark, and exception just		scope and budget)	guago/juotinoation and apaatoa	
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 documenters 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:	
		ations have been incurred <u>prior</u> to the Effective Date.  ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data	
<u> </u>		w, and the parties agree that payments for any obligations in		
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	<b>J</b>	
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.				
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CONTRACTOR LEGAL NAME: TOWN OF RUSSELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): PO BOX 407, MA 01071-0407		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: HEATHER MORGAN Phone: 413-862-6205		Billing Address (if different):			
E-Mail: hmorgan125@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
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are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required to contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as dithe Contractor's Response only if ower costs, or a more cost effective ALTH:		
X: Date: (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:			
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Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF RUTLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 250 MAIN ST, MA 01543-1376		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: NANCY NICHOLS	Phone: 508-886-7945	Billing Address (if different):		
E-Mail: nancyn@townofrutland.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191965		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000008	•	
(Note: The Address ID must be set up for EFT 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		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support 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.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #3.				
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract Share been incurred prior to the Effective Date.	Contract obligations:	
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.		
are authorized to be made either as settlement p	payments or as authorized reimburs	<ul> <li>w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the</li> </ul>	all obligations under this Contract	
CONTRACT END DATE: Contract performance shall terminate as of				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
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>	