

Forms are also posted at OSD Forms. https://www.mas	<u>58.gov/iists/osa-iornis</u> .		
CONTRACTOR LEGAL NAME: CITY OF SALEM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 93 WASHINGTON ST, SALEM, MA 01970-3527		Business Mailing Address: 1 Ashburton PI, Boston I	MA 02108
Contract Manager: TERESA ARNOLD	Phone: 978-744-0924	Billing Address (if different):	
E-Mail: tarnold@salem.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192137		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	3B
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:	
Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documer erms and Conditions X Commonwealth Terms and Cond	
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 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> .
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 additionable census data, at a current rate of \$12 per person. This	ults, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the	municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that	Contract obligations:
- ·	· — ·	ations have been incurred <u>prior</u> to the Effective Date.	vo Data
X 3. were incurred as of July 1, 20 21, a dat are authorized to be made either as settlement p	te PRIOR to the Effective Date below payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date fall 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 certificat required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refere 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			ified above, subject to any required e Contractor makes all certifications provide any required documentation tached or incorporated by reference Form, the Standard Contract Form juage stricken by a Department as id the Contractor's Response only if ower costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	
X:(Signature and Date Must Be Captured	Date:	X: Date Must Be Captured A	ite:
		(Signature and Date Must Be Captured At Time of Signature) Print Name:	
Print Name: Print Title: .		Print Title:	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SALISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 5 BEACH RD, SALISBURY, MA 01952-2056		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELIZABETH PETTIS	Phone: 978-462-2412	Billing Address (if different):		
E-Mail: epettis@salisburyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191966		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	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 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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depolipations 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:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u></u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SANDISFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 154, SANDISFIELD, MA 01255-0154		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: LINDA RIISKA	Phone: 413-258-4215	Billing Address (if different):		
E-Mail: coa@sandisfieldma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191967		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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		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)		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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 #4.			
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
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 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:				
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: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF SANDWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 130 MAIN ST, SANDWICH, MA 02563-2208		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108	
Contract Manager: SUSAN MARANCIK Phone: 508-833-8020		Billing Address (if different):		
E-Mail: smarancik@townofsandwich.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191968		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	R	
X NEW CONTRA	CT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach 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		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		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justilication and updated	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ntractor Certifications and the fol ONE option):Commonwealth T	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 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 and this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	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 #4.			
	• /	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 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 da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by 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 effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Name:		Print Name:	<u></u> :	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SAUGUS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 298 CENTRAL ST, SAUGUS, MA 01906-2152		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOANNE OLSEN	Phone: 781-231-4178	Billing Address (if different):		
E-Mail: jolsen@saugus-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191969		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		scope and budget)		
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The s 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations 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 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: (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	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SAVOY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 720 MAIN ST, SAVOY, MA 01256-9387		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOHN TYNAN	Phone: 413-743-2542	Billing Address (if different):		
E-Mail: townofsavoy720@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191970		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000000	•	
(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)		
	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. 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 perfo ults, their families and caregivers. The s 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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 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	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>	



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF SCITUATE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 600 CHIEF JUSTICE CUSHING HWY, SCITUATE, MA 02066-3297		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LINDA P. HAYES	Phone: 781-545-8722	Billing Address (if different):	_
E-Mail: lhayes@scituatema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191971		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000009	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	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 Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justifi		scope and budget)	
		lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fun 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 and the conditions or terms and any changes if rates or terms and the conditions or terms and any changes if rates or terms and the conditions or terms and the conditions of the	r <u>815 CMR 9.00</u> .
		this contract (or new total if Contract is being amended). \$ _	<u> </u>
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1 reason: X agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/20 MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipal COA 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 a the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
<u> </u>		ations have been incurred <u>prior</u> to the Effective Date.	D .
_X_3. were incurred as of _July 1_, 20 21, a date are authorized to be made either as settlement page.	PRIOR to the Effective Date belo ayments or as authorized reimburs	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of normance, 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 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 a approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required do upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contractions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a De 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 terms result in best value, lower costs, or a more of Contract.			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:
Print Name:	<u> </u>	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 SEEKONK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 100 PECK ST, SEEKONK, MA 02771-5116		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: BRITTNEY FARIA	Phone: 508-336-8772	Billing Address (if different):		
E-Mail: bfaria@seekonk-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191972		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	-	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	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 prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF SHARON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 313, SHARON, MA 02067-0313		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: KATHLEEN MEDEIROS Phone: 781-784-8000		Billing Address (if different):		
E-Mail: Kmedeiros@townofsharon.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191973		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8		
Y NEW CONTRA	CT.			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
<u> </u>		this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
		ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the	
		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 r nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• /	actor certify for this Contract, or Contract Amendment, that C	Johnact obligations.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of _July 1 , 20 21 , a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
		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 do obligations shall survive its termination for the purpose of its statement of the purpose of its statement.		
completing any negotiated terms and warranties, to al	low any close out or transition perf	ormance, 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 required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:			
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date Must Be Captured At	Time of Signature)	
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u></u> :	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SHEFFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 21 DEPOT ST, SHEFFIELD, MA 01257-0325		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KATHIE LORING	Phone: 413-229-7037	Billing Address (if different):		
E-Mail: kloring@sheffieldma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191974		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	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 document Terms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and 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 according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da	ite:	
	- · · · · · · · · · · · · · · · · · · ·	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:		



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SHELBURNE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 51 BRIDGE ST, SHELBURNE FALLS, MA 01370-1102		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMANDA JOAO	Phone: 413-625-2502	Billing Address (if different):		
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191975		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception 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).			
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 s 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
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	
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 requapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificat required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refere herin according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standa				
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:		
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 SHERBORN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 19 WASHINGTON ST, SHERBORN, MA 01770-1025		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: SUSAN KELLIHER Phone: 508-651-7858		Billing Address (if different):		
E-Mail: coadirector@sherbornma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191976		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	4	
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	. ,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacancaacon and apaatoa	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient 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 unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	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 #4.			
	• /	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		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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: 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: TOWN OF SHIRLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 7 KEADY WAY, SHIRLEY, MA 01464-0518		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: MARILYN LARGEY Phone: 978-425-1390		Billing Address (if different):		
E-Mail: coadirector@shirley-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191977		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	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 AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other 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 lan scope and budget)	guage/justification and updated	
		llowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
	, ,	this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	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 nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
	-	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of _July 1 , 20 21 , a date	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		
		.32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of a		
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
X:	At Time of Signature)	X: Date Must Be Captured At	Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title:		Print Title:	<u></u>	



Torris are also posted at OSD Forms. https://www.mas	<u>.s.gov/iists/osu-iorris</u> .			
CONTRACTOR LEGAL NAME: TOWN OF SHREWSBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 100 MAPLE AVE, SHREWSBURY, MA 02050-3498		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HOLLIE T LUCHT	Phone: 508-841-8642	Billing Address (if different):		
E-Mail: hlucht@shrewsburyma.gov	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): 02082200000000000009		
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
X NEW CONTRA	CT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	gaago/jaotinoation and apacted	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip prmance period for year one of this contract is 7/1/2021-6/30 ne 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 #4.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• / '	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data	
<u> </u>		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		
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured A	Date:	X: Date Must Be Captured At	te:	
	= :			
Print Name:		Print Name:	<u> </u>	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SHUTESBURY (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, SHUTESBURY, MA 01072-0002		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: BECKY TORRES	Phone: 413-259-1214	Billing Address (if different):		
E-Mail: townadmin@shutesbury.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191981		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	J. 1	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) 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 #4.			
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	ind 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 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	Date:	X: (Signature and Date Must Be Captured A	te:	
	- · · · · · · · · · · · · · · · · · · ·			
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:	.	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOMERSET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 140 WOOD ST, SOMERSET, MA 02726-5225		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SHAUNA GEARY	Phone: 508-646-2833	Billing Address (if different):		
E-Mail: coa@town.somerset.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191982		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen 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 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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
■ · · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depolipations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificative required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X:	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: CITY OF SOMERVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 93 HIGHLAND AVE, SOMERVILLE, MA 02143-1740		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ASHLEY SPELIOTIS	Phone: 617-625-6600	Billing Address (if different):	
E-Mail: aspeliotis@somervillema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192138		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	
	ONE option):Commonwealth T	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	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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 #4.	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract a	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 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 certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor's Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective provided that any ame			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
x:	Date:	X; Da	te:
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)	
Print Name:		Print Name:	<u></u>
Print Title:		Print Title:	<u></u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTH HADLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 116 MAIN ST, SOUTH HADLEY, MA 01075-2833		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: LESLIE HENNESSEY	Phone: 413-538-5042	Billing Address (if different):		
E-Mail: Ihennessey@southhadleyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191983		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfolits, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to 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 #4.	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 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 documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRONNEALTH:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 397, SOUTHAMPTON, MA 01073-0397		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOAN LINNEHAN	Phone: 413-529-2105	Billing Address (if different):		
E-Mail: coadirector@townofsouthampton.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191985		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity 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 #4.	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	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 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, 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 a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: 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	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTHBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 9109, SOUTHBOROUGH, MA 01772-9109		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: PAM LEFRANCOIS	Phone: 508-229-4453	Billing Address (if different):		
E-Mail: plefrancois@southboroughma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191986		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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	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, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 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 #4.	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 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 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 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:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTHBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 41 ELM ST, SOUTHBRIDGE, MA 01550-2645		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PATRICIA HADDOCK	Phone: 508-764-5436	Billing Address (if different):		
E-Mail: phaddock@southbridgemass.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191987		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) 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 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 ne 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 #4.	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 Contract Form, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	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:	.	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTHWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 454 COLLEGE HWY, SOUTHWICK, MA 01077-9706		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CINDY SULLIVAN	Phone: 413-569-5498	Billing Address (if different):		
E-Mail: csullivan@southwickma.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191988		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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 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	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.)			
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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	ind performance expectations and	<u>9.32</u> , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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	ite:	
	- · · · · · · · · · · · · · · · · · · ·	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u> :	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms			
CONTRACTOR LEGAL NAME: TOWN OF SPENCER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 157 MAIN ST, SPENCER, MA 01562-2123		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: APRIL CARUSO Phone: 508-885-7546		Billing Address (if different):		
E-Mail: acaruso@spencerma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191989		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	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 AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other 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 lan scope and budget) 	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
	, ,	this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	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		
		ne annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
	-	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of _July 1 , 20 21 , a date	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		
		32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of its statement of the purpose of its statement.		
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:			
X:	At Time of Signature)	X: Date Must Be Captured At	Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title:		Print Title:	<u></u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF SPRINGFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 36 COURT ST, SPRINGFIELD, MA 01103-1699		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SANDRA FEDERICO	Phone: 413-787-6785	Billing Address (if different):		
E-Mail: Sfederico@springfieldcityhall.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192140		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity 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 #4.	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:	
	-	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this 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 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	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 STERLING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 PARK ST, STERLING, MA 01564-2145		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: VERONICA BUCKLEY	Phone: 978-422-3032	Billing Address (if different):		
E-Mail: vbuckley@sterling-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191990		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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 <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 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 #4.	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 prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X:(Signature and Date Must Be Captured	Date: At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: Print Title:		<u>—</u> <u>—</u> :		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF STOCKBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 417, STOCKBRIDGE, MA 01262-0417		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELIZABETH DIGRIGOLI	Phone: 413-298-4170	Billing Address (if different):		
E-Mail: coa@townofstockbridge.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191991		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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 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 #4.	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	and performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured 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>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF STONEHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 35 CENTRAL ST, STONEHAM, MA 02180-2055		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KRISTEN SPENCE	Phone: 781-279-2605	Billing Address (if different):		
E-Mail: KSpence@stoneham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191992		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	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	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	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	tions or other non-appropriated fundations of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd 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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• /	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	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	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor in the standard Contract form 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 herein according to the following hierarchy of document all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference the pains and penalties of perjury, and further agrees to provide any required approved to support compliance and contracted for provide any required approved to support or provide any required approved to support or published and the Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contract Form Instruction				
x:	Date:	X: Da	ite:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<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 STOUGHTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 PEARL ST, STOUGHTON, MA 02072-2364		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANIECE BRUCE	Phone: 781-344-8882	Billing Address (if different):		
E-Mail: jbruce@stoughton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191993		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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	
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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<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	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 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:				
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>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF STOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 380 GREAT RD, STOW, MA 01775-2127		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ALYSON TOOLE	Phone: 978-897-1880	Billing Address (if different):		
E-Mail: coa@stow-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191994		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	4	
(Note: The Address ID must be set up for EFT pays		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	Department)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	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 Ferms 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).			
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 formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• • • • • • • • • • • • • • • • • • • •	ractor certify for this Contract, or Contract Amendment, that opations have been incurred prior 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	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this 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 Contract Form, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
x:	. 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:		
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 STURBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 308 MAIN ST, STURBRIDGE, MA 01566-2300		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LESLIE WONG	Phone: 508-347-7575	Billing Address (if different):		
E-Mail: lwong@town.sturbridge.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191995		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	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) 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 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 of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / •	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
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 i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured 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.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SUDBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 278 OLD SUDBURY RD, SUDBURY, MA 01776-1843		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBRA GALLOWAY	Phone: 978-443-3055	Billing Address (if different):		
E-Mail: gallowayd@sudbury.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191996		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	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	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, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / '	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured 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:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SUNDERLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 12 SCHOOL ST, SUNDERLAND, MA 01375-9503		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHRISTINA JOHNSON	Phone: 413-665-9508	Billing Address (if different):		
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191997		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documen 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 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 #4.	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:	
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depolipations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronications, the Instructions and Contract Form, the Standard Contract Form Instructions and Contract Form, the Standard Contract Form Instructions and Contract Form, the Standard Contract Form Instructions and Contract Form Instru				
x :	Date: .	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SUTTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 4 UXBRIDGE RD, SUTTON, MA 01590-1702		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MICHELLE EDELSTEIN	Phone: 508-234-0703	Billing Address (if different):		
E-Mail: m.edelstein@town.sutton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191998		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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	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 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 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 #4.	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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:				
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>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF SWAMPSCOTT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 22 MONUMENT AVE, SWAMPSCOTT, MA 01907-1977		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HEIDI WHEAR	Phone: 781-596-8866	Billing Address (if different):		
E-Mail: hwhear@swampscottma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191999		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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		
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 apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions 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).			
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 #4.	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:	
	-	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depolipations 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 according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Fo Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
x :	Date: .	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forms. https://www.mas	55. <u>907/11515/050-1011115</u> .		
CONTRACTOR LEGAL NAME: TOWN OF SWANSEA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 81 MAIN ST, SWANSEA, MA 02777-4616		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LAURIE PIMENTAL	Phone: 508-676-1831	Billing Address (if different):	
E-Mail: lpimentel@town.swansea.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192002		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	R
X NEW CONTRA	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop	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 procurem Emergency Contract (Attach justification for eme		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
	. 1	llowing Commonwealth Terms and Conditions document	t are incorporated by reference
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions	
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
		ds, subject to intercept for Commonwealth owed debts unde	
		ons, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended).	e being amended.)
	-	, , , _	
		h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	
% PPD. If PPD percentages are left blank, identify	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard			10 " 1 (004) ("
		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 r	
		ment or increase during the 10-year period. Each municipal (
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #4.	is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred prior to the Effective Date.	•
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
		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	
CONTRACT END DATE: Contract performance sha	all terminate as of June 30 . 20	32 , with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of i	resolving any claim or dispute, for
completing any negotiated terms and warranties, to a	llow any close out or transition perf	ormance, reporting, invoicing or final payments, or during an	y lapse between amendments.
		"Effective Date" of this Contract or Amendment shall be tartment, or a later Contract or Amendment Start Date specif	
		incorporated by reference as electronically published and the	
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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 to support compliance.			rovide any required documentation ached or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Corr		mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms made using the process outlined in 801 CMR 21.07, incorporated herein, provided that a			
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	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 USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF TAUNTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 15 SUMMER ST, TAUNTON, MA 02780-3430		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHARLENE BONENFANT	Contract Manager: CHARLENE BONENFANT Phone: 508-821-1425 Billing Address (if different):			
E-Mail: bbonenfant@taunton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192003		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	.gaago,jacancaacon ana apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions 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	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	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 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 #4.	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	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 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 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:	<u></u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF TEMPLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 620, EAST TEMPLETON, MA 01438-0620		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CINDY SHEA	Phone: 978-894-2780	Billing Address (if different):		
E-Mail: cshea@templetonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192004		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions 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 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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• / '	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:	Date:	X: Da	ite:	
	- :	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	.	
Print Title:		Print Title:	.	



Torris are also posted at OSD Forms. https://www.mas	35. <u>gov/ii5t5/05u-i011115</u> .				
CONTRACTOR LEGAL NAME: TOWN OF TEWKSBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 1009 MAIN ST, TEWKSBURY, MA 01876-4726		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: JAN CONOLE	Phone: 978-640-4482	Billing Address (if different):			
E-Mail: jconole@tewksbury-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192005		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009			
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B		
X NEW CONTRA	CT	CONTRACT AMEND			
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date <u>Prior</u> to Amendment:			
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"			
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d			
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat			
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra			
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar			
specific exemption or earmark, and exception justi		scope and budget)	guage/justification and appared		
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		
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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal		
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:		
		ations have been incurred <u>prior</u> to the Effective Date. ond <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	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J		
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 :	Date:	X: Da	te:		
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)			
Print Name:		Print Name:			
Print Title:		Print Title:			



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF TISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 2147, VINEYARD HAVEN, MA 02568-0916		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOYCE STILES-TUCKER Phone: 508-696-4205		Billing Address (if different):		
E-Mail: jstucker@tisburyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192006		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000009		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	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 <i>new</i> total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 #4.	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 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 will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF TOLLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 241 W GRANVILLE RD, TOLLAND, MA 01034-9543		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JEAN ARMITAGE	Phone: 413-258-4794	Billing Address (if different):	
E-Mail: councilonaging@tolland-ma.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192007		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000000	
(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 AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi		scope and budget)	
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing (subsequent payments scheduled to support standard	_% PPD; Payment issued within 19 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 Coprior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #4.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date.	v
		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
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a	all terminate as of <u>June 30</u> , 20 and performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of commance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured A	Date:	X: Signature and Date Must Be Captured At	te:
· -	- · · · · · · · · · · · · · · · · · · ·		
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 TOPSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 8 W COMMON ST, TOPSFIELD, MA 01983-1425		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KATHLEEN BARBARISI Phone: 978-887-1523		Billing Address (if different):		
E-Mail: kbarbarisi@topsfield-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192008		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000000	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	 R	
Y NEW CONTRA	CT.			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
. , , ,	, ,	horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a		
• • •		this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
		ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the	
		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 r nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Sandan et ablimation e.	
1. may be incurred as of the Effective Date (latest	• /	actor certify for this Contract, or Contract Amendment, that C	contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of _July 1 , 20 21 , a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
		32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of its statement.		
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
x:	Date:			
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> :	



Tollis are also posted at OSD Follis. Ittps://www.ilia	<u>55.g0v/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF TOWNSEND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 272 MAIN ST, TOWNSEND, MA 01469-1510		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KARIN C. MOORE	Phone: 978-597-1710	Billing Address (if different):		
E-Mail: coa@townsend.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192009	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paye		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 В	
X NEW CONTRA	ACT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check of		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, score	pe, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		scope and budget)	gaago/jaotinoation and apacted	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>S</u>	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
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 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 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 signed contract is 6/30/22. MA #4.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data	
		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 CONTRACTOR:				
x :	. Date:	X: Da	te:	
X:(Signature and Date Must Be Captured	= :	X: Date: Osignature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u></u>	
Print Title:		Print Title:	<u>.</u>	



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

Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF TRURO (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 2030, TRURO, MA 02666-2030		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DAMION CLEMENTS Phone: 508-487-2462 Billing Address (if different):				
E-Mail: dclements@truro-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192010		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status I _X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)		
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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 #4.	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 incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF TYNGSBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 KENDALL RD, TYNGSBOROUGH, MA 01879-1013		Business Mailing Address: 1 Ashburton PI, Boston N	MA 02108	
Contract Manager: BARBARA ROCHE Phone: 978-649-9211		Billing Address (if different):		
E-Mail: broche@tyngsboroughma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192011		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	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 justing		scope and budget)	gaage/jacanoaden ana apaatea	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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 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 signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• · ·	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	<u>32</u> , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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 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	บลเย: At Time of Signature)	X: Da (Signature and Date Must Be Captured At	te: t Time of Signature)	
Print Name:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.ma	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF TYRINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 116 MAIN RD, TYRINGHAM, MA 01264-9700		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: TIM TAYLOR	Phone: 413-243-1749	Billing Address (if different):		
E-Mail: tyringham.coa@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192012		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payı	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, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, 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 perfo ults, their families and caregivers. The scontract will cover any rate adjustn I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
- •		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificatio required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentati upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date: At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	= :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF UPTON (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, UPTON, MA 01568-1619		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANICE NOWICKI	Phone: 508-529-4558	Billing Address (if different):		
E-Mail: jnowicki@uptonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192013		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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 <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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	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 certifications 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 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	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-forms.			
CONTRACTOR LEGAL NAME: TOWN OF UXBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 21 S MAIN ST, UXBRIDGE, MA 01569-1851		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LISA BERNARD	Phone: 508-278-8622	Billing Address (if different):		
E-Mail: lbernard@uxbridge-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192014		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) 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 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 #4.	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	ow, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Funstructions 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 CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
x:	Date:	X: Da	te:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u></u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WAKEFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 LAFAYETTE ST, WAKEFIELD, MA 01880-2339		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JUDY LUCIANO	Phone: 781-245-3312	Billing Address (if different):		
E-Mail: jluciano@wakefield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192016		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing 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>	Illowing Commonwealth Terms and Conditions documen Ferms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / '	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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:				
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>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WALES (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 834, WALES, MA 01081-0834		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: CHERI FISHER	Phone: 413-245-9683	Billing Address (if different):		
E-Mail: coa@townofwales.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192017		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	by, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	ind 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 certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documental upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract 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: (Signature and Date Must Be Captured A	te:	
	- · · · · · · · · · · · · · · · · · · ·			
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 WALPOLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 135 SCHOOL ST, WALPOLE, MA 02081-2844		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KERRI MCMANAMA	Phone: 508-668-3330	Billing Address (if different):		
E-Mail: kmcmanama@walpole-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192018		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	J. 1	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / '	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	<u>32</u> , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentate upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contractor Standard Contract Fundard Contract Forms, the Standard Contract Forms, the Standard Contract Forms, the Standard Contract Forms and Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response or made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required 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:	Date:	X: Da	ite:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>.</u>	
Print Title:		Print Title:	.	



Forms are also posted at OSD Forms: https://www.mas	<u>ss.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: CITY OF WALTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 610 MAIN ST, WALTHAM, MA 02452-5580		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: MARYBETH DUFFY Phone: 781-314-3497		Billing Address (if different):		
E-Mail: mbduffy@city.waltham.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192141		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	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 justing		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	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 unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
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 #4.			
	• · ·	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		
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 requir 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 (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	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 OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WARE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 126 MAIN ST, WARE, MA 01082-1360		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: JOHN ZIENOWICZ Phone: 413-967-9645		Billing Address (if different):	
E-Mail: jzienowicz@townofware.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192020		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT payn		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 justing		scope and budget)	.gaago/jaoanoadon ana apaatoa
	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older 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 #4.	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. (
■ · · · · · · · · · · · · · · · · · · ·		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	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 requir 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 Forms and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X: (Signature and Date Must Be Captured 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 OSD Forms: https://www.mas	s.gov/lists/osd-forms		
CONTRACTOR LEGAL NAME: TOWN OF WAREHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 54 MARION RD, WAREHAM, MA 02571-1428		Business Mailing Address: 1 Ashburton PI, Boston M	MA 02108
Contract Manager: MISSY DZICZEK Phone: 508-291-3130		Billing Address (if different):	
E-Mail: mdziczek@wareham.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192021		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	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 AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing Au		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justif		scope and budget)	gaage/jacanoaden ana apaatea
	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) 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 and this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older 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 municipormance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per prenent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #4.	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	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during any	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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: Dat (Signature and Date Must Be Captured At	Time of Signature)
Print Name:		Print Name:	<u>.</u>
Print Title:		Print Title:	<u></u>



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WARREN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 609, WARREN, MA 01083-0609		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: SHARON MELI	Phone: 413-436-5662	Billing Address (if different):		
E-Mail: meli@warren-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192022		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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 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>	Illowing Commonwealth Terms and Conditions documen Ferms 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	<u>9.32</u> , with no new obligations being incurred after this 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 or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: 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: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF WARWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 12 ATHOL RD, WARWICK, MA 01364-9631		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HELEN WHIPPLE	Phone: 978-544-6406	Billing Address (if different):	
E-Mail: hrwhip1@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192023		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	
(Note: The Address ID must be set up for EFT pays	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	BB
X NEW CONTRA	ACT	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status 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 Terms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	itions or other non-appropriated fun h details of all rates, units, calculati	thorized performance accepted in accordance with the terms ids, subject to intercept for Commonwealth owed debts unde ions, conditions or terms and any changes if rates or terms a this contract (or 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.)			
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 formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	ractor certify for this Contract, or Contract Amendment, that or pations have been incurred prior to the Effective Date.	Contract obligations:
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this 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 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 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 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 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:	ite:
	= :		
Print Name:		Print Name:	<u> </u>
Print Title:		Print Title:	.



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WASHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): RTE 8, BECKET, MA 01223-9627		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JIM HUEBNER	Phone: 413-623-8878	Billing Address (if different):		
E-Mail: washington.accountant@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192025		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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 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 esigned contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	<u>9.32</u> , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u></u> :	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF WATERTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 149 MAIN ST, WATERTOWN, MA 02472-4423		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: ANNE-MARIE GAGNON Phone: 617-972-6490		Billing Address (if different):		
E-Mail: agagnon@watertown-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192026		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payn		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>	Ilowing 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 at this contract (or new total if Contract is being amended). \$	r <u>815 CMR 9.00</u> .	
	-	, , , ,		
a PPD as follows: Payment issued within 10 days	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 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 #4.	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:	
		ations have been incurred prior to the Effective Date.		
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
		w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentati upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date: At Time of Signature)	X: Date: Oate: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:	<u> </u>	



Torris are also posted at OSD Forms. https://www.mas	35. <u>gov/iists/05u-i0i1115</u>			
CONTRACTOR LEGAL NAME: TOWN OF WAYLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 41 COCHITUATE RD, WAYLAND, MA 01778-2614		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JULIE SECORD	Phone: 508-358-2990	Billing Address (if different):		
E-Mail: jsecord@wayland.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192027	· '	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
X NEW CONTRA	ACT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach 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)	gaago,jacancaacon ana apaatea	
	ONE option):Commonwealth T	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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfo ults, their families and caregivers. The contract will cover any rate adjustn I. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to 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 #4.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Data	
<u> </u>		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	and performance expectations and	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	Date:	X: Da (Signature and Date Must Be Captured At	te:	
	= :	· -		
Print Name: Print Title: Print Title:		<u></u>		
rink ilde.	<u>-</u>	riiit iitte.	<u></u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WEBSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 350 MAIN ST, WEBSTER, MA 01570-2292		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JEAN M. TRAVIS	Phone: 508-949-3845	Billing Address (if different):		
E-Mail: jtravis@webster-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192028		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status 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>	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that C pations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	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 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 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	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 WELLESLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 812025, WELLESLEY, MA 02482-0012		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HEATHER MUNROE	Phone: 781-263-1529	Billing Address (if different):		
E-Mail: hmunroe@wellesleyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192029		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	.CT	CONTRACT 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 - 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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• / '	actor certify for this Contract, or Contract Amendment, that C pations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms		
CONTRACTOR LEGAL NAME: TOWN OF WELLFLEET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 300 MAIN ST, WELLFLEET, MA 02667-7471		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108
Contract Manager: SUZANNE THOMAS Phone: 508-349-0313		Billing Address (if different):	
E-Mail: suzanne.thomas@wellfleet-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192030	<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): 02082200000000000009	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	
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 authorizi		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 erms and Conditions X Commonwealth Terms and Conditions	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated fund n details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
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 adul 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 C prior to the latest signature date are intended to be part of this esigned contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
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 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 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 COMMONWEALTH: Y: 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:	<u>.</u>	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 WENDELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 7 MORSE VILLAGE RD, WENDELL, MA 01379-9704		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: NANCY SPITTLE	Phone:	Billing Address (if different):	
E-Mail: spittlenc@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192031	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	.4
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
X NEW CONTRA	ст	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d	• ,
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach 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>	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	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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older 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 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 #4.	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	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	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 req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifica required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refer herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of the RFR or Response terms result in best value, lower costs, or a more cost effection contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
X: (Signature and Date Must Be Captured 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>



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WENHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 138 MAIN ST, WENHAM, MA 01984-1555		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: JAMES REYNOLDS	Phone: 978-468-5529	Billing Address (if different):		
E-Mail: jreynolds@wenhamma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192033		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate 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 #4.	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:	
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	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 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 less that the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this 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 A	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title: P		Print Title:	<u></u>	



Termo dio dico poctod at COB Termo: https://www.maco	2.govillotoroda lorrito.			
CONTRACTOR LEGAL NAME: TOWN OF WEST BOYLSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 140 WORCESTER ST, WEST BOYLSTON, MA 01583-		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: LISA CLARK-VIKLUND	Phone: 508-835-6916	Billing Address (if different):		
E-Mail: LCViklund@westboylston-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192034		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated I	Department)	Enter Amendment Amount: \$ (or "no change"))	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	• ,	
Department Procurement (includes all Grants - 8: Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status For X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach authorizing X_ Other Procurement Exception (Attach Employment Exception (Attac		Other Procurement Exception (Attach authorizing land		
specific exemption or earmark, and exception justific	0 0 0 1	scope and budget)	gaagorjaaamaaaan ana apaataa	
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriati	ions or other non-appropriated fund	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.	
<u> </u>		ons, conditions or terms and any changes if rates or terms ar this contract (or new total if Contract is being amended). \$	e being amended.)	
	<u> </u>	· · · · · ·		
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day 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 at MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This	nd other sources. The activity perfocts, their families and caregivers. The contract will cover any rate adjustn All approved obligations incurred p	ENT: This 10-year contract will cover grant funds to municipe ormance period for year one of this contract is 7/1/2021-6/30, ne annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal Corrior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #4.	/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal	
` '	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Dete	
<u> </u>		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	ement 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 rormance, reporting, invoicing or final payments, or during any	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 Form, the Standard Contract Form, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response 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:			ied above, subject to any required Contractor makes all certifications rovide any required documentation inched or incorporated by reference Form, the Standard Contract Form large stricken by a Department as I the Contractor's Response only if wer costs, or a more cost effective	
X:(Signature and Date Must Be Captured A	Date: It Time of Signature)	X: Dat (Signature and Date Must Be Captured At	e: 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 WEST BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 65 N MAIN ST, WEST BRIDGEWATER, MA 02379-1799		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: MARILYN MATHER	Phone: 508-894-1262	Billing Address (if different):		
E-Mail: mmather@wbridgewater.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192035		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	ст	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <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 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 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 #4.	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 Cont Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any re approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certific required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documen upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by refe herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Departm unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost of Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective	
x :	Date: .	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF WEST BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 372, WEST BROOKFIELD, MA 01585-0372		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KAREN PHILLIPS Phone: 508-867-1407		Billing Address (if different):		
E-Mail: kphillips@wbrookfield.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192036		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	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	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach d	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 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>	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 fun n details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	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 of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• /	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 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 or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name:		Print Name:		
Print Title:		Print Title:		
· · · · ——————————————————————————————		• • • • • • • • • • • • • • • • • • • •		



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

Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF WEST NEWBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 381 MAIN ST, WEST NEWBURY, MA 01985-1450		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: THERESA WOODBURY	Phone: 978-363-1104	Billing Address (if different):	
E-Mail: coa@wnewbury.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192037		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000009	•
(Note: The Address ID must be set up for EFT pay	ments.)	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	• ,
Notice or RFR, and Response or other procuren		Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for 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 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 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). \$_	r <u>815 CMR 9.00</u> .
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi	and other sources. The activity perfults, their families and caregivers. The sontract will cover any rate adjustron. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
, , ,	• / •	ractor certify for this Contract, or Contract Amendment, that or pations have been incurred prior to the Effective Date.	Contract obligations:
•		v 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 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 outcomentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
X:(Signature and Date Must Be Captured	. Date:	X:	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/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WEST SPRINGFIELD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a): Legal Address: (W-9, W-4): 26 CENTRAL ST, WEST SPRINGFIELD, MA 01089-		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston N		
2753		•		
Contract Manager: SARAH LONG	Phone: 413-781-2214	Billing Address (if different):	1	
E-Mail: slong@townofwestspringfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192038		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000009		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20_ <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer		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)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund a details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts 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 new 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 EFT 45 day payment cycle. See F		PD; Payment issued within 30 days 29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adul census data, at a current rate of \$12 per person. This	nd other sources. The activity performs, their families and caregivers. The contract will cover any rate adjustry. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municip primance period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per in 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
<u> </u>	, ,	ations have been incurred prior to the Effective Date.	D .	
_X_3. were incurred as of _July 1_, 20 21, a date are authorized to be made either as settlement p	e PRIOR to the Effective Date below ayments or as authorized reimburs	r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract at	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that thi 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 approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required dupon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response terms result in best value, lower costs, or a more Contract.			fied above, subject to any required a Contractor makes all certifications or ovide any required documentation ached or incorporated by reference Form, the Standard Contract Formuage stricken by a Department as d the Contractor's Response only if	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name: Print Title:		Print Name:		
Finitiue.		FINIL HUE.	Print Title: .	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF WEST STOCKBRIDGE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 21 STATE LINE RD, WEST STOCKBRIDGE, MA 01266- 9368		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARIE RYAN	Phone: 413-232-0300	Billing Address (if different):	
E-Mail: admin@weststockbridge.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192039	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMENDI	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 procurement		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status 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
	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun-	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms and	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>
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must 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% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs establish 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 mos census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the contract of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be			PD; Payment issued within 30 days 29, § 23A); only initial payment al Councils on Aging (COA) of the 1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
the prior obligation for year one is funded in the FY22 ANTICIPATED START DATE: (Complete ONE option		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	
_X_3. were incurred as of _July 1_, 20 21, a date are authorized to be made either as settlement p.	e PRIOR to the Effective Date below ayments or as authorized reimburs	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in the sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of romance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that the Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporate herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Lunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Remade using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more Contract.			fied above, subject to any required a Contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as the Contractor's Response only if over costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: (Signature and Date Must Be Captured A	Date:	X: Dar (Signature and Date Must Be Captured At	te:
Print Name: Print Title:		Print Name: Print Title: .	
1 1111t 11UC.		1 1 111 L 11UC.	i



Forms are also posted at USD Forms: https://www.mas	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WEST TISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 278, WEST TISBURY, MA 02575-0278		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):		
E-Mail: coa-director@westtisbury-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192040		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated 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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	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 #4.	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 necording to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured A	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 USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 34 W MAIN ST, WESTBOROUGH, MA 0158-11935		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ALMA DEMANCHE	Phone: 508-366-3000	Billing Address (if different):		
E-Mail: ademanche@town.westborough.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192042		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	1	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenterms 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 <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identifing subsequent payments scheduled to support standard	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 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 #4.	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 th	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentatic upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
x:	Date:	X; Da	ite:	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>.</u>	
Print Title:		Print Title:	.	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: CITY OF WESTFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 59 COURT ST, WESTFIELD, MA 01085-3520		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: TINA GORMAN	Phone: 413-562-6435	Billing Address (if different):		
E-Mail: t.gorman@cityofwestfield.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192044		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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		
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 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 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 #4.	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 prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificat required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documents upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by 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 Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response or made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- · · · · · · · · · · · · · · · · · · ·	Print Name:		
Print Title:		Print Title:	<u></u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 62, WESTFORD, MA 01886-0003		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JENNIFER CLARO	Phone: 978-692-5523	Billing Address (if different):		
E-Mail: jclaro@westfordma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192045		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement 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	0.32 , with no new obligations being incurred after this deal obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form the Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: (Signature and Date Must Be Captured A	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title: Print T		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 SOUTH RD, WESTHAMPTON, MA 01027-9661		Business Mailing Address: 1 Ashburton PI, Boston N	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JULIA LENNEN	Phone: 413-527-2404	Billing Address (if different):		
E-Mail: westhamptoncoa@comcast.net;	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192047		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	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	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 procurement		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	,	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
X Other Procurement Exception (Attach authoriz specific exemption or earmark, and exception justi		scope and budget)	guage/justilication and apaated	
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, identify (subsequent payments scheduled to support standard	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd 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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• /	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
	-	v 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	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	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32 , with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 :	Date: .	X: . Da	te: .	
X:(Signature and Date Must Be Captured A	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	<u></u>	
Print Title:		Print Title:	<u></u>	



Forms are also posted at USD Forms: https://www.mas	3S.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTMINSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 456, WESTMINSTER, MA 01473-0456		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: SUSAN FISHER	Phone: 978-874-7402	Billing Address (if different):		
E-Mail: sfisher@westminster-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192048		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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		
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 apaatea	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	Illowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	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 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 #4.	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	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	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 as electronically published and the Contract form Instructions and Contract for Instructions and Contract for the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Da (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:		Print Name:	<u></u> :	
Print Title:		Print Title:		



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 378, WESTON, MA 02493-0002		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MIGNONNE MURRAY	Phone: 781-786-6280	Billing Address (if different):		
E-Mail: murray.m@westonmass.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192049		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 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>	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).			
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 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	*/	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only 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 A	At Time of Signature)	X: (Signature and Date Must Be Captured At	t Time of Signature)	
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 816 MAIN RD, WESTPORT, MA 02790-4311		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: BEVERLY BISCH	Phone: 508-636-1026	Billing Address (if different):		
E-Mail: coadirector@westport-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192050		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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)	.gaago,jacancaacon ana apaatoa	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	Illowing Commonwealth Terms and Conditions documen 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 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 #4.			
, , ,	• / •	actor certify for this Contract, or Contract Amendment, that Contract Amendment, that Contract have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations incurred prior to the Effective Date sement payments, and that the details and circumstances of all obligations under this Contract releases the Commonwealth from further claims related to these obligations.		
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 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: Da	ite:	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:	.	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at OSD Forms: https://www.masgapun.com/	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WESTWOOD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 580 HIGH ST, WESTWOOD, MA 02090-1607		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LINA ARENA-DEROSA	Phone: 781-329-8799	Billing Address (if different):		
E-Mail: larenaderosa@townhall.westwood.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192051		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	-	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	.CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	,	
	ONE option): <u>Commonwealth T</u>	llowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attack	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
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 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 #4.	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 prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	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 OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WEYMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 75 MIDDLE ST, WEYMOUTH, MA 02189-1359		Business Mailing Address: 1 Ashburton PI, Boston M	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KAREN JOHNSTON	Phone: 781-682-6140	Billing Address (if different):		
E-Mail: kjohnston@weymouth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192053		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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, scop Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated fun th details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or new total if Contract is being amended). \$_	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 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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• • • • • • • • • • • • • • • • • • • •	actor certify for this Contract, or Contract Amendment, that Captions have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	 w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the 	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by 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 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:	.	



Forms are also posted at OSD Forms: https://www.mas	<u>s.gov/lists/osd-forms</u> .			
CONTRACTOR LEGAL NAME: TOWN OF WHATELY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 89, WHATELY, MA 01093-0089		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: CHRISTINA JOHNSON Phone: 413-665-2141		Billing Address (if different):		
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192055		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009	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)		
	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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to 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 #4.	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. (
· · · · · · · · · · · · · · · · · · ·		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	32, with no new obligations being incurred after this day obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 the Standard Contract Form, the Standard Contract Form and Contractor's 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	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 USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WHITMAN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 54 SOUTH AVE, WHITMAN, MA 02382-2052		Business Mailing Address: 1 Ashburton PI, Boston N	NA 02108	
Contract Manager: MARY HOLLAND	Phone: 781-447-7619	Billing Address (if different):		
E-Mail: MHolland@whitman-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192056		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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 documen erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity 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 #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
<u> </u>		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference 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	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	- :	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Torris are also posted at OSD Forms. https://www.mas	55. <u>gov/ii5t5/05u-i011115</u> .			
CONTRACTOR LEGAL NAME: TOWN OF WILBRAHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 240 SPRINGFIELD ST, WILBRAHAM, MA 01095-2257		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: PAULA DUBORD	Phone: 413-596-8379	Billing Address (if different):		
E-Mail: pdubord@wilbraham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192058	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 B	
X NEW CONTRA	CT	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	,	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - § Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)	guago/justification and updated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
Commonwealth authorized through the annual GAA a MGL provide social and support services to older aducensus data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipormance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per ment 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 #4.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	n Doto	
		w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of		
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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: Dar (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:	<u>.</u>	Print Name:		
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WILLIAMSBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 141 MAIN RD, WILLIAMSBURG, MA 01096-9407		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: MELISSA WILSON	Phone: 413-268-8407	Billing Address (if different):		
E-Mail: coa@burgy.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192059		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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 update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status _X_ Other Procurement Exception (Attach authorize	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)		
	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions documen Ferms and Conditions X Commonwealth Terms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	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, identii (subsequent payments scheduled to support standar	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealth authorized through the annual GAA MGL provide social and support services to older additionable census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate 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 e signed contract is 6/30/22. MA #4.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• • • • • • • • • • • • • • • • • • • •	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	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 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 documentat upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response onl made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:	. Date:	X: . Da	ite: .	
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:		Print Name:	<u>-</u> -	
Print Title:		Print Title:	<u>.</u>	



Forms are also posted at USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WILLIAMSTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 31 NORTH ST, WILLIAMSTOWN, MA 01267-2003		Business Mailing Address: 1 Ashburton PI, Boston N	NA 02108	
Contract Manager: BRIAN O'GRADY	Phone: 413-458-8250	Billing Address (if different):		
E-Mail: bogrady@williamstownma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192060		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option):Commonwealth T	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 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 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 #4.	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	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronications, the Instructions and Contract Form, the Standard Contract Form Instructions and Contract Form				
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:		Print Name:		
Print Title:		Print Title:	<u>.</u>	



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

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF WILMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 121 GLEN RD, WILMINGTON, MA 01887-3542		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: TERRI MARCIELLO	Phone: 978-657-7595	Billing Address (if different):		
E-Mail: tmarciello@wilmingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192061		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT 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)	.gaago,jacancaacon 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 new 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.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.				
	• /	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		
are authorized to be made either as settlement p	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this do obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 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:	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	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WINCHENDON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 109 FRONT ST, WINCHENDON, MA 01475-1758		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SHEILA BETTRO	Phone: 978-297-3155	Billing Address (if different):		
E-Mail: winchendoncoa@msn.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192062		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(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 details of amendment changes.)	
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>	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) Attac	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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support 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 #4.				
, , ,	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 CONTRACTOR:				
X:(Signature and Date Must Be Captured	At Time of Signature)	X: Date: (Signature and Date Must Be Captured At Time of Signature)		
Print Name:	<u>.</u>	Print Name:		
Print Title:		Print Title:		



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WINCHESTER		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 71 MOUNT VERNON ST, WINCHESTER, MA 01890- 2706		Business Mailing Address: 1 Ashburton PI, Boston N	IA 02108	
Contract Manager: PHILLIP BELTZ	Phone: 781-721-7136	Billing Address (if different):		
E-Mail: pbeltz@winchester.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192063	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		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, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat		
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)	iguage/justification and updated	
	ONE option): <u>Commonwealth T</u>	lowing 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 a	r <u>815 CMR 9.00</u> .	
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or new total if Contract is being amended). \$_	<u> </u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must ider 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 paym (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			PD; Payment issued within 30 days 29, § 23A); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (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 estal 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 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 air 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 at the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / •	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
- ·	· — ·	ations have been incurred <u>prior</u> to the Effective Date.		
2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. X 3. were incurred as of			all obligations under this Contract	
CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is 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 amendm			resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all cert required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor of the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contractor Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a 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.			fied above, subject to any required a Contractor makes all certifications or ovide any required documentation ached or incorporated by reference Form, the Standard Contract Formuage stricken by a Department as d the Contractor's Response only if	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X: (Signature and Date Must Be Captured A	Date:	X: Da (Signature and Date Must Be Captured At	te:	
Print Name:		Print Name:		
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 WINDSOR (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 146, CHESHIRE, MA 01225-0146		Business Mailing Address: 1 Ashburton PI, Boston M	IA 02108	
Contract Manager: SUSAN JACOBS	Phone: 413-684-3771	Billing Address (if different):		
E-Mail: rmspj1@verizon.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192066		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .	-	MMARS Doc ID(s): 02082200000000000009		
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R	
Y NEW CONTRA	CT			
X NEW CONTRA PROCUREMENT OR EXCEPTION TYPE: (Check or		CONTRACT AMENDMENT 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, scope		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif		 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated	
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference	
	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Conditions		
		horized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
	, ,	this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
	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			
		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 n nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	. All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			Santas et abligations.	
1. may be incurred as of the Effective Date (latest	• /	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of _July 1 , 20 21 , a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
		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 obligations shall survive its termination for the purpose of r		
		ormance, reporting, invoicing or final payments, or during an		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			ALTH:	
x:	Date:			
X: (Signature and Date Must Be Captured A	At Time of Signature)	X: Dat (Signature and Date Must Be Captured At	Time of Signature)	
Print Name:	<u>.</u>	Print Name:	<u>.</u>	
Print Title: Print Title:			<u></u>	



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WINTHROP (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1 METCALF SQ, WINTHROP, MA 02152-3159		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: KATHY DIXON	Phone: 617-846-8538	Billing Address (if different):		
E-Mail: winthropoutreach@aol.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192064		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT 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		
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 X_ Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception just		scope and budget)	1	
	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	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 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 10 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 th 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 recer census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
`	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	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	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 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 necording to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: Date: (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: CITY OF WOBURN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 10 COMMON ST, WOBURN, MA 01801-6702		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MARIE LINGBLOM	Phone: 781-937-7899	Billing Address (if different):		
E-Mail: mlingblom@cityofwoburn.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192142		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F _X_Other Procurement Exception (Attach authoriz	,	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
	ONE option): <u>Commonwealth T</u>	Ilowing Commonwealth Terms and Conditions 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 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> .	
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.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.				
· · · · · · · · · · · · · · · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20 , a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only 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	Date: At Time of Signature)	X: Date: Date: Date: Osignature and Date Must Be Captured At Time of Signature Osignature Osignatu		
Print Name:	- '	Print Name:		
Print Title: Print Title:			<u>.</u>	



Torris are also posted at OSD Forms. https://www.ma	<u>55.g0v/ii5t5/05u-i0i1115</u> .			
CONTRACTOR LEGAL NAME: CITY OF WORCESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 455 MAIN ST, WORCESTER, MA 01608-1821		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: AMY VOGEL WATERS	Phone: 508-799-8063	Billing Address (if different):		
E-Mail: watersa@worcesterma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192145	-	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 0208220000000000000		
(Note: The Address ID must be set up for EFT payer		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
X NEW CONTRA	ACT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check of		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status X Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just		scope and budget)	gaage/jacancaacon and apaated	
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option): <u>Commonwealth T</u> <u>S</u>	llowing Commonwealth Terms and Conditions documenters and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attact	ations or other non-appropriated funch details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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 recer 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 fiscar report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.			0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
· · · · · ·	• ,	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
		ations have been incurred <u>prior</u> to the Effective Date. ond <u>no</u> obligations have been incurred <u>prior</u> to the Effective	o Data	
		r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in		
		sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the	J	
amended, provided that the terms of this Contract a	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 i made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:(Signature and Date Must Be Captured	. Date:	X: Signature and Date Must Be Captured At	te:	
	= :		- · · · · · · · · · · · · · · · · · · ·	
Print Name: Print Name:		<u></u>		
Print Title:		Print Title:	<u>.</u>	



<u> </u>	<u> </u>		
CONTRACTOR LEGAL NAME: TOWN OF WORTHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 160 HUNTINGTON RD, WORTHINGTON, MA 01098- 9505		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHELLEY RICE	Phone: 413-238-5962	Billing Address (if different):	
E-Mail: coa@worthington-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192067		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	ļ
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	 R
X NEW CONTRAC	CT	CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I	• • • • • • • • • • • • • • • • • • • •	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or be	
X Other Procurement Exception (Attach authorizin		 Other Procurement Exception (Attach authorizing lan- scope and budget) 	guage/justification and updated
specific exemption or earmark, and exception justifications and Contract Form Instructions and Contract Form Instruction Instruction Instruction Instructio		lowing Commonwealth Terms and Conditions document	are incorporated by reference
		erms and Conditions X Commonwealth Terms and Conditions	
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
· · · · · · · · · · · · · · · · · · ·		this contract (or new total if Contract is being amended). \$_	e being amended.)
		h EFT 45 days from invoice receipt. Contractors requesting ac	neelessted novements must identify
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify reason: X agree to standard 45		day cycle statutory/legal or Ready Payments (M.G.L. c. 2	
(subsequent payments scheduled to support standard			-1.0
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME Commonwealth authorized through the annual GAA and other sources. The activity performance of the contract of		ENT: This 10-year contract will cover grant funds to municipal properties of the period for year one of this contract is 7/1/2021-6/30.	/2022 The COAs established by
MGL provide social and support services to older adult	ts, their families and caregivers. The	ne annual award is determined by the number of elders per n	nunicipality as per the most recent
		nent or increase during the 10-year period. Each municipal C	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #4.	s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
		w, and the parties agree that payments for any obligations inc sement payments, and that the details and circumstances of a	
•	,	releases the Commonwealth from further claims related to the	3
		32 , with no new obligations being incurred after this da	
amended, provided that the terms of this Contract ar	nd performance expectations and	obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for
completing any negotiated terms and warranties, to all	ow any close out or transition perf	ormance, reporting, invoicing or final payments, or during any	/ lapse between amendments.
		"Effective Date" of this Contract or Amendment shall be the	
		artment, or a later Contract or Amendment Start Date specifi incorporated by reference as electronically published and the	
required under the Standard Contract Form Instructions and Contractor Certifications under the pains a			
upon request to support compliance, and agrees that all terms governing performance of			
herein according to the following hierarchy of document precedence, the applicable Con Instructions and Contractor Certifications, the Request for Response (RFR) or other s			
unacceptable, and additional negotiated terms, provided that additional negotiated terms			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost		wer costs, or a more cost effective	
Contract.		AUTHORIZING SIGNATURE FOR THE COMMONWEA	I TU-
AUTHORIZING SIGNATURE FOR THE CONTRACTO			
X:	Date:	X: Dat (Signature and Date Must Be Captured At	e: Time of Signature)
		Print Name:	- · · · · · · · · · · · · · · · · · · ·
Print Name: Print Title:		Print Title:	<u></u>
	<u>.</u>		<u>-</u>



Forms are also posted at OSD Forms: https://www.ma	ss.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF WRENTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 79 SOUTH ST, WRENTHAM, MA 02093-1526		Business Mailing Address: 1 Ashburton PI, Boston M	NA 02108	
Contract Manager: JANET A. ANGELICO	Phone: 508-384-5425	Billing Address (if different):		
E-Mail: jangelico@wrentham.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192068		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT pays	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - {		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	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 new total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> .	
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	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 #4.				
`	• / •	actor certify for this Contract, or Contract Amendment, that Cations have been incurred prior to the Effective Date.	Contract obligations:	
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations 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	CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 CONTRACTOR:				
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 USD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF YARMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 1146 ROUTE 28, SOUTH YARMOUTH, MA 02664-4463		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DIANE KANE	Phone: 508-394-7606	Billing Address (if different):		
E-Mail: dkane@yarmouth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192069		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000009	•	
(Note: The Address ID must be set up for EFT payr	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach d	• ,	
Notice or RFR, and Response or other procurem		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme		Contract Employee (Attach any updates to scope or b		
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):Commonwealth T	Ilowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac	tions or other non-appropriated fun- h details of all rates, units, calculation	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms at this contract (or 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 10 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 recer 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 fisca report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #4.				
· · · · · · · · · · · · · · · · · · ·	• / •	actor certify for this Contract, or Contract Amendment, that C lations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:	
<u> </u>	· - ·	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
are authorized to be made either as settlement p	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract	
amended, provided that the terms of this Contract a	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.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referen according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Fo Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:	Date:	X:	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:	.	
Print Title:	<u>.</u>	Print Title:		