

61 Medford Street
Somerville, MA
02143-3429
www.eldercare.org



Phone: 617-628-2601
Fax: 617-628-1085
TDD: 617-628-1705
info@eldercare.org

PURCHASE OF SERVICE CONTRACT

This Contract is entered into by and between Somerville-Cambridge Elder Services, Inc., (SCES) a Massachusetts non-profit corporation having its principal offices at 61 Medford Street, Somerville, Massachusetts 02143 and Somerville Council On Aging (the "Provider"), a Massachusetts non-profit corporation having its principal offices at 167 Holland Street, Somerville, MA, 02144.

Grant Identification: Special Programs for the Aging, Title III, Part B, Grants for Supportive Services, U.S. Administration on Aging through Massachusetts Executive Office of Elder Affairs, CFDA No. 93.044 – Grant period-year ended September 30, 2016.

WHEREAS, SCES desires to establish a comprehensive service system for elderly persons in Somerville and Cambridge; and, has authorization from the Executive Office of Elder Affairs to provide services under Title III of the Comprehensive Older Americans Act of 1965, As Amended (42 USC 3001);

WHEREAS, the Provider is engaged in the furnishing of Fit for Life in the Planning and Service Area covered by SCES;

WHEREAS, the SCES Board of Directors has voted to allocate to your agency \$ 6,082.00 for the provision of said services for federal fiscal year 2016;

NOW, THEREFORE, in consideration of the mutual undertakings specified herein, SCES and the Provider hereby understand and agree as indicated in the attached pages and attachments of this contract.

IN WITNESS WHEREOF, the parties have to have caused this contract to be executed by their duly authorized officers.

By: _____
John O'Neill
Executive Director
Somerville-Cambridge Elder Services

By: Cathy R. Kelly
Title: Exec Dir

Name of Provider:
Somerville Council On Aging

Date of Signature: _____

Date of Signature: 9/22/15


SPECIAL REVENUE ACCOUNT BUDGET

ORG:
COST CENTER:

Title III D Social & Health "16"

DATE PREPARED: _____

10/15/15

[illegible]

AUDITING DEPARTMENT INITIALS _____