COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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</u> or the <u>Commonwealth Terms and Conditions</u> or the <u>Commonwealth 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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CTIT office. https://www.macompatoner.org/office. Toffice also posted at CSD Forfice.		https://www.mass.qomists/osu-romms.	
CONTRACTOR LEGAL NAME: CITY OF SOMERVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: MENTAL HEALTH MMARS Department Code: DMH	
Legal Address: (W-9, W-4): 93 HIGHLAND AVE, SOM	MERVILLE MA 02143	Business Mailing Address: 25 STANIFORD STREET, BOSTON MA 02114	
Contract Manager: Dottie Cassesso	Phone:	Billing Address (if different):	
E-Mail: dcassesso@police.somerville.ma.us	Fax:	Contract Manager: MICH RYGIEL	Phone:
Contractor Vendor Code: VC6000192138		E-Mail: michleen.rygiel@mass.gov	Fax:
Vendor Code Address ID (e.g. "AD001"): AD001	<u>.</u>	MMARS Doc ID(s): SCDMH822016081710000	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: 2016-DMH-302-	4-01 BD-3496
NEW CONTRAC	СТ	X CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date Prior to Amendment	JUNE 30, 2021
Statewide Contract (OSD or an OSD-designated !	Department)	Enter Amendment Amount: \$37,315 (or 'no c	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8**)	15 CMR 2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach d X Amendment to Date, Scope or Budget (Attach upda	<u> </u>
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	, ,
Emergency Contract (Attach justification for emen Contract Employee (Attach Employment Status Fe		Contract Employee (Attach any updates to scope or b	, , ,
Other Procurement Exception (Attach authorizing	g language, legislation with	Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justifications and Contract Form Instructions and Contract Form Instruction		scope and budget)	d E
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): X Commonwealth Terms and Conditions — Commonwealth Terms and Conditions For Human and Social Services — Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.			
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.)			
		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 cyclestatutory/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 PERFORMAI	NCE or REASON FOR AMENDME	ENT: (Enter the Contract title, purpose, fiscal year(s) and a c	detailed description of the scope of
performance or what is being amended for a Contract JAIL DIVERSION PROGRAM CIT SERVICES. EXERG	t Amendment. Attach all supporting	g documentation and justifications.)	,
JAIL DIVERSION PROGRAM OF SERVICES, EXERT	CISING ONE TEAR OF HOR TO	<u></u>	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		igations have been incurred prior to the Effective Date.	_
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.			
authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 2022, with no new obligations being incurred after this date unless the Contract is			
properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTO	, ,	AUTHORIZING SIGNATURE FOR THE COMMONWE	
X: (Signature and Date Must Be Handwritten At Time of Signature)		X:	
Print Name: Charles Femino Print Title: Chief, Somerville Police Dept.		Print Name: THUY NGUYEN	
Print Title: Chief Somerulle touce Dept. Print Title: <u>DIRECTOR OF ACCOUNTING</u>			