

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: Brockton Area Multi Services Inc. (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: Plymouth County District Attorney's Office MMARS Department Code: PLY
Legal Address: (W-9, W-4,T&C): 10 Christy's Drive, Brockton, MA 02301	Business Mailing Address: 32 Belmont Street, Brockton, MA 02301
Contract Manager: Denise Parsons	Billing Address (if different):
E-Mail: dparsons@bamsi.org	Contract Manager: Donna M. Cruise
Phone: (508) 580-8700 Fax: (508) 580-3114	E-Mail: donna.m.cruise@state.ma.us
Contractor Vendor Code: VC6000163361	Phone: (508) 894-2505 Fax: (508) 586-3578
Vendor Code Address ID (e.g. "AD001"): AD001. (Note: The Address ID Must be set up for EFT payments.)	MMARS Doc ID(s): FY16BAMSICACCONTRACT
RFR/Procurement or Other ID Number: Grant	
<p style="text-align: center;"><u> </u> NEW CONTRACT</p> PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;"><u> </u> CONTRACT AMENDMENT</p> Enter Current Contract End Date <i>Prior</i> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input checked="" type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
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. <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ <u>100,000.00</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 <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <u> </u> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <u> </u> 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: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) The purpose of this contract is to fund the Plymouth County Children's Advocacy Center which will deploy customized and timely services to all children and families in Plymouth County who are referred to the program providing medical, mental health and law enforcement services.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and no obligations have been incurred prior to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of <u>20</u> , a date LATER than the <u>Effective Date</u> below and no obligations have been incurred prior to the <u>Effective Date</u> . <input checked="" type="checkbox"/> 3. were incurred as of <u>July 1, 2015</u> , a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this 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 of <u>June 30, 2016</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 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 makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 <u>801 CMR 21.07</u> , 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: X: <u>Anthony Simonelli</u> Date: <u>7-8-15</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Anthony Simonelli</u> Print Title: <u>Chief Executive Officer</u>	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Donna M. Cruise</u> Date: <u>7-16-2015</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Donna M. Cruise</u> Print Title: <u>Chief Financial Officer</u>

*DUE:

MAIL TO: Andrea Kenney

Plymouth County District Attorney's Office

32 Belmont Street

Brockton, MA 02301

BUDGET FY16

Reporting Period: _____

BAMSI - Plymouth Conway Childrens Advocacy Center

FY16 Department of Children & Families

Required to Submit Original (signed in blue ink) Plus Necessary Documentation

Fiscal year: 2016

Start Date: 7/1/15

End Date: 6/30/2016

Account: DCF/PLY

Grant #: 4800-0038

Category/Item	Approved Budget	amend	New Budget
Facilities Costs - rent, utilities, snow plowing, repairs, etc.	\$ 77,564.60	\$ (931.60)	\$ 76,633.00
Personnel - Mental Health Provider	\$ 13,510.40	\$ 354.60	\$ 13,865.00
Admin Support	\$ 8,925.00	\$ 577.00	\$ 9,502.00
Total	\$ 100,000.00	\$ -	\$ 100,000.00
			\$ -

I certify that this report, statement, and the expenses for which payment is requested are true, correct, complete, and were made in accordance with appropriate Federal and State Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the award for this project.

Grantee Authorized Signature: _____ Date: _____

Grantee Authorized Name and Title (print): _____

* All reports are due by the 15th day of the following month