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 and 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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Middlesex Community College		
(and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4):		Business Mailing Address: 591 Springs Road, Bedford, MA 01730		
Contract Manager:	Phone:	Billing Address (if different):		
E-Mail:	Fax:	Contract Manager:	Phone:	
Contractor Vendor Code: VC		E-Mail:	Fax:	
Vendor Code Address ID (e.g. "AD001"): AD		MMARS Doc ID(s):		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number:		
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one 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, scope, budget) X_Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procurement supporting documentation)		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget)		Contract Employee (Attach any updates to scope or budget)		
Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		Other Procurement Exception (Attach authorizing language/justification and updated		
specific exemption or earmark, and exception justification, scope and budget)		scope and budget)		
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 COMPENCATION (Charles ONE parties). The Department of the common terms are department of the common 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.)				
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:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (whose unit payment applicable).				
(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.)				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations 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.				
3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are				
attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
CONTRACT FND DATE: Contract performance shall	terminate as of	with no new obligations being incurred after this date unless t	the Contract is properly amended	
CONTRACT END DATE: Contract performance shall terminate as of,, 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	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 re	enresentations by the parties, the	"Effective Date" of this Contract or Amendment shall be th	ne latest date that this Contract or	
Amendment has been executed by an authorized signal	atory of the Contractor, the Depart	artment, or a later Contract or Amendment Start Date specific	ed 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				
		colicitation, the Contractor's Response (excluding any language		
unacceptable, and additional negotiated terms, provided	d 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.			I TII.	
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEAL		
X: Date: (Signature and Date Must Be Handwritten At Time of Signature)		X: Date: (Signature and Date Must Be Handwritten At Time of Signature)		
Print Name:		Print Name:		
Print Title:		Print Title:		
Fillit flue.		Fillit filie.	<u></u> -	