COMMONWEALTH OF MASSACHUSETTS
SUBSIDY AGREEMENT

[This Subsidy Agreement has been issued by the Office of the Comptroller for subsidies or other legislatively authorized payments to a named Recipient under 815 CMR 2.00.]

Commonwealth Of Massachusetts - Department: _____

Address: _____

Contact Person: _____ **Telephone:** ____(____)_____

Recipient Name: _____

Address: _____

Contact Person: _____ **Telephone:** ____(____)_____

Total Amount Of Subsidy Payment(s) $ _____

Number Of Payments To Be Made : _____ **Payment(s). Attach details of multiple payment amounts, if applicable.**

Amount of First Payment: $ _____

Anticipated Date of First Payment: _____. **Attach schedule of additional payments, if applicable.**

Termination Date Of Subsidy Agreement (Payments can not be made after the expiration date of the account funding this Subsidy Agreement.): _____, 19____.

1. The **Department** and the **Recipient** understand and agree that pursuant to: [Indicate citation for Legislative Authorization for Subsidy] _____, the **Department** is legislatively authorized to initiate a payment(s) of funds to the **Recipient**. Payments are subject to any conditions required by law as a prerequisite to payment , including any restrictions or conditions specified by the **Department** in this Subsidy Agreement. Payments can not be made to the **Recipient** prior to the date that this Subsidy Agreement, including all relevant attachments, has been properly executed by authorized signatories of both parties in accordance with all relevant general or special laws and regulations, and filed with the Office of the Comptroller. Notwithstanding the termination date of this Subsidy Agreement, the **Recipient**'s obligations under Sections 2. and 3. shall survive the termination of this Subsidy Agreement.

2. The **Recipient** agrees to expend funds provided under this Subsidy Agreement in accordance with all applicable federal and state general and special laws and regulations and any restrictions or conditions specified by the **Department** by attachment to this Subsidy Agreement. Any actions arising out of this Subsidy Agreement shall be governed by the laws of the Commonwealth of Massachusetts. The **Recipient** may not use any funds provided or paid under this Subsidy Agreement for any partisan political activity or to further the election or defeat of any candidate for public office.

3. The **Recipient** understands and agrees that the **Department**, the State Auditor and the Comptroller shall be entitled to copies of any programmatic or fiscal reports that verify compliance with, or are required as a condition to, receiving funds under this Subsidy Agreement, or that are specified by attachment to this Subsidy Agreement.

IN WITNESS WHEREOF, the **Department** and the **Recipient** have caused this Subsidy Agreement to be executed by their respective authorized officers, as of the last date specified below:

DEPARTMENT:	**RECIPIENT:**
X: _____	X: _____
Signature	**Signature**
_____	_____
Print Signatory Name	**Print Signatory Name**
_____	_____
Title	**Title**
_____	_____
Date	**Date**

Issued 6/23/97

Clear All