

All areas highlighted in PINK will be completed by the Commonwealth.

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 [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) 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.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: Town of Anytown (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department of Environmental Protection MMARS Department Code: EQE	
Legal Address: (W-9, W-4): 123 David Street, Smith, MA, 00001		Business Mailing Address: 100 Cambridge Street, Suite 800	
Contract Manager: First Name Last Name		Phone: 777-777-7777	
E-Mail: contractoremail@email.com		Fax:	
Contractor Vendor Code: VC0000000001		Contract Manager: Janine Bishop	
Vendor Code Address ID (e.g. "AD001"): AD002 (Note: The Address ID must be set up for EFT payments.)		E-Mail: Janine.Bishop@mass.gov	
		Phone: 781-742-8427	
		Fax:	
MMARS Doc ID(s):			
RFR/Procurement or Other ID Number: Legislative Exemption			
<input checked="" type="checkbox"/> NEW CONTRACT 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 type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or 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 Employment Status Form, scope, budget) <input checked="" type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> 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 Date, 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"/> Other Procurement Exception (Attach authorizing language/justification and updated 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): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> 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 . <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 type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration 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: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> 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.)			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 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. <input type="checkbox"/> 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 END DATE: Contract performance shall terminate as of <u>12/31</u> , 20 <u>26</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 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 CONTRACTOR: X: <u>Jane Smith</u> Date: <u>07-01-2023</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Jane Smith</u> Print Title: <u>Town Administrator</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: _____ Print Title: _____	

Sole Proprietor CASL Form

This CASL Form is for Sole Proprietors or Single Member LLCs ONLY. You will receive this version of the CASL Form for signature if you are a Sole Proprietor.

Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY FORM

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

The Contractor Legal Name must be consistent across all submitted forms.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC
(must match Form W-9 tax classification)

The Commonwealth will provide the Contractor Vendor Code.

Contractor Legal Name

Town of Anytown

Contractor Vendor/Customer Code

(if available, not the Taxpayer Identification Number)

VC0000000001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

The person signing this CASL Form as the Authorized Signatory must be the ONLY person who will sign the documents included in this packet.

Signature (ink on paper)

Contractor Signature as it will appear on contract or other documents (Complete only in presence of notary)

Jane Smith

Print Signatory's full legal name

Jane Smith

Title

Town Administrator

Certificate of Acknowledgement of Notary Public

Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.

Print Notary Name

Notary's Name

Notary Signature (ink on paper)

Notary Name

Date

07-01-2023

My commission expires on

12-31-2023

This section must be completed by a Notary Public.

AFFIX NOTARY SEAL/STAMP

A copy of this document must be attached to the "record copy" of a contract filed with the department.

Corporation CASL Form

This CASL Form is for Corporation, Partnership, Trust/Estate, or Limited Liability Companies ONLY. You will receive this version of the CASL Form for signature if you meet one of the above designations.

The Contractor Legal Name must be consistent across all submitted forms.

Please make sure your signature meets these qualifications. Below are some examples.

The Commonwealth will provide the Contractor Vendor Code.



Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company
(must match Form W-9 tax classification)

Contractor Legal Name

Town of Anytown

Contractor Vendor/Customer Code

(if available, not the Taxpayer Identification Number or Social Security Number)

VC0000000001

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Wet Signature
Jane Smith

Adobe Sign
Digitally Signed by John Smith
Date Signed: 2023-07-01 9:26:15:07-00

DocuSign
DocuSigned By:
John Doe
FA01234567...

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Jane Smith	<i>Jane Smith</i>	Town Administrator	222-222-2222	JaneSmith@email.com
John Smith	<i>John Smith</i> Digitally Signed by John Smith Date Signed: 2023-07-01 9:26:15:07-00	Superintendent	444-444-4444	JohnSmith@email.com
John Doe	<i>John Doe</i> DocuSigned By: FA01234567...	Town Accountant	555-555-5555	JohnDoe@email.com

Please have 2+ authorized signatories sign here. All forms included in this packet that require signatures must be signed by an Authorized Signatory that is listed on the CASL Form.

One of the Authorized Signatories listed above or an Authorized Officer of the Contractor may certify the document by signing and completing this table.

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

I certify that I am a responsible authorized officer of the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Please note you cannot self-certify your own signature as a single signer listed above.

Signature <i>Jane Smith</i> Digitally Signed by John Smith Date Signed: 2023-07-01 9:26:15:07-00	Date 07/01/2023
Print Name Jane Smith	Phone Number 222-222-2222
Title Town Administrator	Email Address JaneSmith@email.com

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

The checkboxes in part I must be marked accurately and the appropriate documentation must be submitted with the signed form.



COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMPTROLLER

Electronic Funds Transfer (EFT) Authorization Agreement

Complete this form to enroll, modify, or terminate an existing in electronic funds transfer (EFT) agreement with the Commonwealth of Massachusetts Departments.

The Account Holder Legal Name will be consistent with the Contractor Legal Name across all forms.

This address will be consistent across all forms.

Either the EIN or SSN will be consistent across all forms.

PART I: REASON FOR SUBMISSION - See Instructions on Page 2

New Enrollment ☒ Change Enrollment ☐ Cancel Enrollment ☐ Document Included: Voided Check ☒ Bank Letter ☐

PART II: ACCOUNT HOLDER INFORMATION- See Instructions on Page 2

Account Holder Legal Name: *Town of AnyTown* DBA Name:
Street Address: *123 David Street* City: *Smith* State: *MA* Zip Code: *00001*
Account Holder Tax Identification Number (9 digits EIN or SSN) EIN: *00-0000001* SSN:

PART III: FINANCIAL INSTITUTION INFORMATION- See Instructions on Page 2

Financial Institution Name: *Bank Name*
Routing Number (only nine digits): *000010001* Account Number: *1234567* Account Type (Checking or Saving): *Savings*

IF YOU ARE MODIFYING BANKING INFORMATION, YOU MUST INCLUDE YOUR OLD BANK INFORMATION OR YOUR REQUEST WILL BE RETURNED

Old Financial Institution Name:
Old Routing Number (only 9 digits): Old Account Type(Checking or Saving):

This section will be blank unless banking information has been modified.

PART IV: VENDOR/CUSTOMER CONTACT INFORMATION: This is the person we will contact for any questions regarding this EFT - See Instructions on Page 2

Contact Person's Name: *Jane Smith* Contact Person's Title: *Town Administrator*
Contact Person's Phone: *222-222-2222* Contact Person's Email Address: *JaneSmith@email.com*

PART V: AUTHORIZATION- See Instructions on Page 2

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

- ☒ I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.
☐ I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

Account Holder must sign and mail this EFT form and include a confirmation of account information on bank letterhead or a void check and mail to the Commonwealth Department you are doing business with.

The person signing this document needs to be listed as an authorized signatory on the CASL Form.

Account Holder Authorized Signature: *Jane Smith* Print Name: *Jane Smith* Date: *07-01-2023*
Title: *Town Administrator*

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT – See Instructions on Page 2

I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.

VCC/VCM Document ID: _____

Three letter Department Code: _____

**This section will be completed by the
Commonwealth.**

Signature: _____

Date: _____

Print Name: _____

Phone # _____

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

PART II: ACCOUNT HOLDER INFORMATION

- Account Holder Name: Enter the accounts holder legal name (individual or business name), as reported to the Internal Revenue Service (IRS).
- DBA Name: Enter the DBA name if applicable.
- Street Address: Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- Account Holder Tax Identification Number: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

PART III: FINANCIAL INSTITUTION INFORMATION

- Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
 - **NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Routing Number: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Account Number: Enter the account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the account type (Checking or Saving).
- If account holder is changing the banking information, you must provide OLD banking information.
- Old Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Old Routing Number: Enter the Old bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Old Account Number: Enter the Old account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the Old account type (Checking or Saving).
 - **NOTE:** Supporting bank documents must be in the account holder legal name only.
- If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT INFORMATION

- Enter the name and title of a contact person who can answer questions about the information submitted on this EFT form.
- Enter the contact person's telephone number. Enter the contact person's e-mail address.

PART V: AUTHORIZATION

- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Commonwealth Department that you doing business with.

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT

By your signature on this form, you are certifying that authentication of the vendor/customer's authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.

This W-9 Form is a Massachusetts specific form.

The Business Name will be consistent with the Contractor Legal Name across all forms. The DBA will be consistent across all forms.

This address will be consistent across all forms.

The address listed needs to be a street address, it cannot be a P. O. Box.

As of April 4th, 2022, the Unique Entity Identifier is required when federal funds are involved.

The person signing this document needs to be listed as the authorized signatory on the CASL Form.

W-9
Form W-9 (Revised April 2022)
Massachusetts
Institute Form W-9

Request for Taxpayer Identification Number and Certification

Give this Form to the requestor or the department you are doing business with.

► Online instructions at: macomptroller.org/wp-content/uploads/instructions_w-9.pdf

1 Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Town of Anytown

2 Business name/disregarded entity name/dba, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do **not** check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ► **Municipality**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4):

Exempt payee code (if any):

Exemption from FATCA reporting code (if any):

(Applies to accounts maintained outside the U.S.)

5 Legal Address (number, street, and apt. or suite no.) See instructions.
123 David Street

6 City, state, and ZIP code
Smith, MA, 00001

7 Remittance Address (if different from Legal Address)

Requester's name and address (optional)

Either the EIN or SSN will be consistent across all forms.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, on Page 5. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, on Page 5.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

DUNS Number
Please confirm with the state agency if this is required for vendors receiving federal funds.

Unique Entity Identifier (SAM)
As of April 4, 2022, all vendors that receive federal grant funds must submit their Unique Entity Identifier registered in the System of Awards Management (SAM).

Social security number

or

Employer identification number

00 - 00000001

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You check the following box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, on Page 5.

☐ Item 2 does not apply.

5. I am an active Commonwealth of Massachusetts state employee: (check one) ☐ Yes ☐ No

If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at <https://www.mass.gov/ethics>.

Sign Here

Signature of U.S. person ► **Jane Smith**

Date ► **07-01-2023**

All areas highlighted in PINK will be completed by the Commonwealth.

MMARS DOCUMENT ID:

Issued 2004

COMMONWEALTH OF MASSACHUSETTS SETTLEMENT AND RELEASE

[THE VENDOR/CONTRACTOR MUST COMPLETE ONLY THOSE SECTIONS PRECEDED BY AN "→".]



The listed Contractor Name will be consistent with the Contractor Legal Name listed on other forms.

This address will be consistent across all forms.

The person signing this document needs to be listed as an authorized signatory on the CASL Form.

→VENDOR/CONTRACTOR NAME: **Town of Anytown**

DEPARTMENT NAME:

→CONTACT: **Jane Smith**

CONTACT:

→PHONE: 222-222-2222

PHONE:

→FAX:

FAX:

→E-MAIL: **JaneSmith@email.com**

E-MAIL:

→LEGAL ADDRESS: AS LISTED ON IRS W-9)

LEGAL ADDRESS:

123 David Street, Smith, MA, 00001

The Vendor/Contractor and Department have reached agreement that performance was made by the Vendor/Contractor to or on behalf of the Department and the performance was accepted without benefit of a Contract. The performance included the following goods or services (describe in detail what was performed. Attach additional supporting documentation.):

The claimed performance was made and accepted by the Department on the following dates (identify either specific dates if available or a range of dates of performance. Attach supporting documentation.):

The Department and the Vendor/Contractor have agreed that the total value of the performance to be compensated under this settlement agreement and release is: \$

In consideration of the settlement amount paid by the Commonwealth of Massachusetts, acting by and through the Department, the Vendor/Contractor's authorized legal representative being of lawful age and having the authority to execute this Settlement Agreement and Release hereby releases, acquits and discharges the Commonwealth of Massachusetts, the Department and its officers and employees from any and all claims and demands of whatever nature arising out of the claimed performance and circumstances.

→AUTHORIZED SIGNATORY FOR VENDOR/CONTRACTOR:

AUTHORIZED SIGNATORY FOR DEPARTMENT:

→X: Jane Smith
(Signature)

X: _____
(Signature)

→DATE: 07-01-2023
(Date must be handwritten at time of signature)

DATE: _____
(Date must be handwritten at time of signature)

→NAME: **Jane Smith**

NAME:

→TITLE: **Town Administrator**

TITLE:

Departments are required to comply with the Office of the Comptroller Contracts Policy "Contracts – Amendments, Suspensions and Terminations" policy when using this form. The record copy of this Settlement and Release must be attached to the record copy of any related contract, or if there was no contract, to the relevant supporting documentation related to this settlement and release for records management and auditing purposes.