

Department of Developmental Services

Commonwealth of Massachusetts

Executive Office of Health & Human Services



Job Aid: Contracting Forms Attachment 1, 3 & 6

Attachments 1, 3, and 6 Overview

Attachments 1, 3, and 6 are used for cost reimbursement/maximum obligation contracts. We strongly suggest working closely with your DDS contract specialist to ensure the accuracy of these forms. Completing these attachments is the first step in the DocuSign SCF process and should be completed before filling out the SCF so that the \$\$ on that form is correct. The DDS Contract Specialist will attach the finalized version of these attachments to the SCF when they review the SCF form.

NOTE: when emailing with the DDS Contract Specialist, it is greatly appreciated if you would please include the following details in the subject line: Attachment #'s, DOC ID/CRS, and Activity Code.

Example subject lines:

- Attachment 1/3, INTF2211FS46DDS3779C, 3779
- Attachment 1/6, 11FS46, 3779

Attachment 1 is the Program Cover Page. It provides general program information and captures the history of the contract. It is the starting point for all future amendments for a contract. It includes contract information, UFR program numbers, RFR information, fiscal terms, pricing options, and other key aspects of the contracting process.

Attachment 3 is the Fiscal Year Program Budget. This attachment reflects the total annual program costs associated with the fiscal year operation of the program. It is required when payment is based on submission of a program budget and includes line-item details and budget totals.

Attachment 6 is the Capital Budget. This attachment documents capital expenditures required to support the delivery of contracted human and social services. When completing the form, providers must list capital items, the item's need, quantity, and estimated costs. This attachment replaces Attachment 3 with the cost reimbursement contract for capital expenditures.

Capital purchases are regulated by policy, and it may be helpful to review DDS's Start Up and Capital Budgets Contracting Guidelines. These guidelines can be found on the DDS [Contract Information](#) page.

It is helpful to download updated copies of the Excel file for Attachments 1, 3, and 6 often to ensure that the file works the way it was designed and includes recent information. The Excel file can be found on the DDS [Contracts Information](#) page, under Forms. It may also be helpful to reference Activity Code Matrix when filling out the form and can be found on the Contract Information page, under Instruction and Reference or here: <https://www.mass.gov/doc/dds-activity-code-matrix-fy-26-1/download>.

Next, we will look at each form in more detail and provide tips and tricks when filling out the form.

Attachment 1: Program Cover Page

We suggest filling out the top section of the form up to the Fiscal Terms section first. Attachment 1 fills in information in Attachment 3/6 but completing 3/6 is required to determine the Fiscal Terms on Attachment 1.

NOTE: the fields have been highlighted in green and orange in the screenshots. This has been done to illustrate what field is to be filled in (green highlights) and what is a calculation (orange highlights) and should not have data entry. This highlighting does not exist in the actual contracting document.

The top section of the form gathers provider and DDS contact information and program type details.

Many of the fields are self-explanatory, however, there are a few that may need some explanation, which can be found below. It may be helpful to have the [DDS Activity Matrix](#) available when filling out the top section of Attachment 1.

- **Document ID:** 20-digit DOC ID
- **MMARS Program Code:** Activity Code; can be found in the Activity Matrix
- **Program Type** and **Program Name:** derived from the Activity Matrix related activity name and service provided
- **RFR Reference #:** RFR # in the Activity Matrix
- **Contract Duration & Options to Renew:** refer to the RFR specification found on COMMBUYS; link in Activity Matrix

Activity Code	Activity Name	RFR #	COMMBUYS BID # (Used to find RFR's on COMMBUYS)
3196	3168 Transportation-to and from jobs	EmpDay20	BD-19-1023-1023C-1023L-35242
Agency With Choice Services			
6703	AWC- Individualized Home Supports	AWC-19	BD-18-1023-1023C-1023L-23137
6704	AWC-Individualized Day Supports	AWC-19	BD-18-1023-1023C-1023L-23137
6753	Agency w/ Choice Admin Fee	AWC-19	BD-18-1023-1023C-1023L-23137

FY 2026

ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION		
Contractor / Provider Name : COOL PROVIDER NAME		Department Name : DMR- Department of Developmental Services
Program Type : Agency with Choice Day Supports		Document ID # : INTF 19 565656 DDS 6703H
Program Name : Agency with Choice Day Supports		Vendor Code Number : VC6112233445
Program Address : 40 Broad St		MMARS Program Code : 6703 UFR Program # : 6A
City / State / Zip : Boston, Ma		Other Reference Information (For Information Purposes Only) :
Contact Person : Jane Smith		Contact Person : Kim A Anderson
Telephone : 555-555-5551		Telephone : 555-555-4444
RFR INFORMATION : <input type="checkbox"/> Attached <input checked="" type="checkbox"/> RFR Reference # : RFR AWC-19 <input type="checkbox"/> legislative exemption <input type="checkbox"/> emergency <input type="checkbox"/> collective purchase <input type="checkbox"/> interim <input checked="" type="checkbox"/> amendment		
SCOPE OF SERVICES : <input type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached		
TOTAL ANTICIPATED CONTRACT DURATION : April 1, 2020 to June 30, 2024		
INITIAL DURATION : April 1, 2020 to June 30, 2020		
OPTIONS TO RENEW : options to renew for _____ year(s) each option		

If you are still unsure of what to input into the fields, please contact the DDS Contract Specialist working on this contract.

NOTE: After filling out the top section, make sure to finish Attachment 3 or 6 before completing Fiscal Terms section of the form, described next.

The **Prior Years** column should be the historical record of past fiscal year (FY) amendments to the contract. This is crucial for cost reimbursement contracts with a contract duration that is more than one (1) fiscal year. This column is not commonly used for capital contracts.

The **Current Year** column should match what is calculated in Attachment 3 or 6. When filling out the standard contract form for a multi-year contract, the Current Year amount should be the amended amount, and the maximum obligation is the Multi-Year Total.

FISCAL TERMS						
	FUNDING SUMMARY					
	Prior Years		Current Year		Future Years	
	FY	Amount	FY	Amount	FY	Amount
PRICE ESTABLISHED THROUGH : (CHECK 1 , 2 , OR 3) <input type="checkbox"/> OPTION 1 : PRICE AGREEMENT (list price) \$ _____ rate regulation (if any) _____ <input type="checkbox"/> OPTION 2 : SUMMARY BUDGET (* lines only) <input type="checkbox"/> unit rate <input type="checkbox"/> cost reimbursement <input type="checkbox"/> other _____ <input checked="" type="checkbox"/> OPTION 3 : COMPLETE BUDGET <input type="checkbox"/> unit rate <input checked="" type="checkbox"/> cost reimbursement <input type="checkbox"/> other _____	2019	114,693.80	2026	251,991.00		
	2020	83,902.00		-		-
	2021	52,497.72		-		-
	2022	52,731.00		-		-
	2023	58,816.00		-		-
	2024	166,616.00		-		-
	2025	177,491.00		-		-
		-		-		-
		-		-		-
		-		-		-
		-		-		-
		-		-		-
		-		-		-
		-		-		-
		-		-		-
Total		706,747.52	Total	251,991.00	Total	-
				Multi - Year Total : \$		
				958,738.52		
CURRENT MAX OBLIGATION :						
# BILLABLE UNITS :						

Attachment 3: Fiscal Year Program Budget

NOTE: the fields have been highlighted in green and orange in the screenshots. This has been done to illustrate what field is to be filled in (green highlights) and what is a calculation (orange highlights) and should not have data entry. This highlighting does not exist in the actual contracting document.

The general information at the top of Attachment 3 will fill in from Attachment 1.

For cost reimbursement contracts, make sure to input an "X" in the yellow box. This is required so the form correctly calculates.

Fill in the program costs in each applicable section, scrolling down the form.

There is a subtotal calculation in each section. At the bottom of the form, there is a Program Total #. This dollar amount is inputted in Attachment 1 in the Current Year column.

FOR COST-REIMBURSEMENT BUDGETS ADD AN " X " IN THIS CELL

→ X

PURCHASE OF SERVICE - ATTACHMENT 3 : FISCAL YEAR PROGRAM BUDGET

2026		COOL PROVIDER NAME									
FY		CONTRACTOR NAME				CFDA # (If Federal Funds)					
Program Name :		Document ID # :		MMARS Code:		Amendment #:		Program Type :		UFR Prog. # :	
Agency with Choice Day Support		INTF 19 565656 DDS 6703H		6703				Agency with Choice Day Supports		6A	
UFR Title #	Program Component Direct Care/Program Support Staff Overtime/Shift Differential & Relief (UFR Titles 101-141)	Current		Amended / Change		New		COST REIMBURSEMENT ONLY			
		FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Reimbursable Cost	
136	D. C./ Prog. Staff I	5.250	215,000.00			5.250	215,000.00	-		215,000.00	
-	-	-	-	-	-	-	-	-		-	
-	-	-	-	-	-	-	-	-		-	
-	-	-	-	-	-	-	-	-		-	
-	-	-	-	-	-	-	-	-		-	
301	Program Facilities				-		-	-		-	
***390	Fac. Oper/Main/Furn		-		-		-	-		-	
T	Total Occupancy		-		-		-	-		-	
UFR TITLE #	Other Direct Care / Program Support	Amount		Amount		Amount		Offset	Source	Reimbursable Cost	
205	Staff Mileage/Travel	4,741.00				4,741.00		-		4,741.00	
-	-							-		-	
-	-							-		-	

Allocation	0.00%				0.00%		
T	PROGRAM TOTAL#	5.25	251,991.00	-	-	5.25	251,991.00

Commercial Fee, if applicable, for for-profit providers only (for informational purposes only; not to be included in the price paid by the Commonwealth) %

\$:

FUNDING SUMMARY		
Current Year		
FY	Amount	F
2026	251,991.00	

Section to complete on Attachment 1

NOTE: the fields have been highlighted in green and orange in the screenshots. This has been done to illustrate what field is to be filled in (green highlights) and what is a calculation (orange highlights) and should not have data entry. This highlighting does not exist in the actual contracting document.

The Total Cost calculation is the dollar amount inputted in Attachment 1 in the Current Year column.

FY: 2026	Contractor Name:	Program Name:	CFDA #. (If Federal Funds)
COOL PROVIDER NAME		Agency with Choice Day Supports	

Document ID #:	Program Code:	Amendment #. (If Applicable)	Program Type:	UFR Prog. #:
INTF 19 565656 DDS 6703H	6703		Agency with Choice Day Supports	

Items To Be Purchased	Need For Item	Quantity	Estimated Unit Cost	Estimated Total Cost
Printer HP OfficeJet Pro 7740	quick note about why this is needed	1	636.00	636.00
Tech Storage tub	another quick note	1	299.00	299.00
Ipad	and again!	2	600.00	1,200.00
laptop	one more time! :)	3	999.00	2,997.00
				-
				-
				-
				-
				-
				-
				-
				-

FUNDING SUMMARY				
Years Amount	Current Year		Future Years	
	FY	Amount	FY	Amount
-	FY25	5,132.00		-
-		-		-

Section to complete on Attachment 1

Total Cost:	\$	5,132.00
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I, _____, an authorized signatory for _____ (the Contractor), hereby certify that the Contractor's capitalization level established for financial statement purposes by the board of directors is: an asset or group of assets of non-expendable personal property having a useful life of more than one year and an acquisition cost of \$ _____.

Please note that Attachment 3 does require the certification section to be filled out and signed. Once the DDS Contract Specialist has reviewed the Attachments 1/6, the provider signatory can sign Attachment 6 digitally.

	(Signature)
	(Title)
	(Date)