

Department of Developmental Services

Commonwealth of Massachusetts

Executive Office of Health & Human Services



Job Aid: DocuSign Standard Contract Form

Standard Contract Form Overview

The Standard Contract Form (SCF) is the required contract document for all Commonwealth Departments. It is developed and managed by the [Office of the Comptroller](#). The same form is used for new contracts and to amend existing contracts. The form includes identifying contract information, applicable terms and conditions, start and end date of the contract, and any certifications or other contract obligations.

Note: DDS will not cover any costs incurred before the SCF is fully executed.

DDS has developed a DocuSign form (for POS contracts only!) that has a workflow built-in to move a SCF and associated attachments through four (4) parties automatically. This process eliminates the need for ink signatures and paper copies of the SCF.

The four parties consist of the Provider Contract Specialist who initiates the form, the DDS Contract Specialist who reviews the form and attaches supporting documentation, the Provider Signatory that signs the contract, and the DDS Signatory, the Regional Contracts Manager, who finalizes the document. Once the final signature is made, all parties in the process receive a PDF copy of the file.



Often, the SCF is used for cost reimbursement or maximum obligation contracts. In these cases, we strongly suggest working with your DDS contract specialist on the attachments that calculate the value of the contract/amendment before filling out the DocuSign SCF. As part of this process, the agreed upon attachments will be attached as part of the required steps for role #2, the DDS contract specialist. When emailing attachments to the DDS Contract Specialist for review, 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

DDS DocuSign SCF for POS Services

To begin, navigate to the DDS DocuSign SCF form: [POS SCF 8/1/2025 | DDS Standard Contract Form for POS Services | DocuSign](#)

Click on Start.

Note: each amendment and new contract requires all your agency's information to be filled in each time. We suggest creating an excel file with this information so it can be quickly cut and pasted into the fields as needed. The file could also include DOC IDs and CRS/contract #'s.

DDS Standard Contract Form for POS Services

This form can be used for new contracts or amendments to existing contracts for POS services.

Start

Jane Smith									
jess.wall@mass.gov									
Kate Green									
jess.wall@mass.gov									
Super Cool Provider Name									
40 Broad Street, Boston, MA									
555-555-5551									
	6112233445								
	0.001								
Jess Wall	jess.wall@mass.gov								
Linda Glaude	jess.wall@mass.gov								

The first fields deal with your agency's contract specialist for the contract in question. This should be the individual who is working directly with DDS and may not be the provider signatory (the person legally able to sign contracts).

The next fields are the signatory's information. This must be one of the individuals listed on your agency's Contractor Authorized Signatory Listing, or CASL, form on file with Central Office. This individual will sign the contract after DDS has done an initial review.

The next fields are your agency's name, address, and other identifying information. **Note:** for both the vendor code field and the address ID field, do not include the VC/AD before the numbers. Both of those characters are hardcoded on the form itself. If you are unsure of your agency's vendor code or address ID, it will be on a previously signed standard contract form or contact the DDS Contract Specialist working on the contract.

Click
Next.

Finish Later

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Next

25% completed

DDS Information

DDS Contract Specialist name *

DDS Contract Specialist email *

Region *

which regional contract manager will sign the document. Please select carefully! **NOTE:** CRS/Contract #'s begin with #'s associated with a region - 1 = Central West, 3 = Northeast, 5 = Southeast, 6 = Metro.

Finish Later

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Next

Click Next.

Provider Information

Provider Contract Manager name *

Individual working directly with DDS related to this contract. Does not need to be the individual signing the contract.

Provider Contract Manager email *

Provider Signatory name *

Must be on the Contractor Authorized Signatory Listing (CASL) form on file at DDS.

Provider Signatory email *

Contractor Legal Name *

dba

Doing Business As

Contractor Legal Address *

Legal name as entered on Form W9 or Form W4 submitted to the Office of the Comptroller.

Provider Phone *

Phone number of the contract manager.

Vendor Code VC *

Do not type in "VC" of the Vendor Code - only the #'s that follow the VC.

Vendor Code Address ID *

Do not type in the "AD" of the Address Code, only the #'s that follow the AD.

The next three fields collect information about who this form goes to next, the DDS contract specialist. Enter the individual's name and email and select the region this contract is for. The selection of the region determines

Contract Information

MMARS Doc IDs *
Must be the full Doc ID.

6 Digit Contract (CRS) # & Activity Code *
For example, enter: 11W597 - 3153

RFRProcurement or Other ID Number *
This should be the RFR Document Number. For example, ALTR-24, EmpDay-20, etc.

3779	10FS25	INTF2110FS25DDS3779C	FSS-21
3779	10FS72	INTF2510FS72DDS3779C	FSS-21

Next is whether this is a new contract or amendment.
Depending on the answer, you will be prompted to fill out additional fields specific to the contract type.

For a new contract, choose between Department Procurement (the most common answer) and Emergency contract (infrequently selected).

Choose one (1) *
Amendment is the most common response. Interim Contract is not a common selection.

- ☐ Amendment to Date, Scope, or Budget
- ☐ Interim Contract with Current Contractor

Current Contract End Date PRIOR to Amendment

Amendment Amount Or Enter No Change
Or enter No Change if there is no dollar value change

need to match the Current Year column in Attachment 1.

The next page is where you begin to fill in the information specific to this contract. If you are unsure about any of these fields, please touch base with the DDS Contract Specialist you are working with, identified on the previous page.

The first field is the full 20-character DOC ID, followed by the 6-digit contract shorthand, and the activity code of the service. Below is a sample from the Excel document referenced earlier. The CRS/6-digit contract are the 6-digits before the DDS in the DOC ID. This final field in this top section is the RFR the services are procured under. In this example, the contract is for a family support center stipend, input FSS-21.

Is this a New Contract or Amendment? *

- ☒ New Contract
- ☐ Contract Amendment

Choose one (1) *
Department Procurement is the most common response. Emergency Contract is not a common selection.

- ☐ Department Procurement
- ☐ Emergency Contract

If you select contract amendment, you will be asked to choose whether this is an amendment to date, scope, budget (the most common answer) or interim contract (not a common answer). You will also be prompted to enter the current contract end date (usually the fiscal year end date). The last field specific to a contract amendment is the Amendment Amount, which is the dollar amount the contract may be increasing by OR enter “no change” if only the date is changing. If the dollar amount is changing, it will

For both amendments and new contract, you will next select Rate or Max Obligation. Most of the time, you will select Max Obligation. This will ask you to input the Total Maximum Obligation, which will be found in Attachment 1 in the Multi-Year total. For amendments, this will not be the amendment/current year amount but the total of all the years this contract may have had so far.

Compensation Type *

- ☐ Rate Contract
- ☒ Maximum Obligation Contract

Total maximum obligation

If this is a contract amendment because of added funds, this will be the previous amount plus additional funds.

Brief description of contract performance or reason for amendment *

Be brief but descriptive. This should be more than a few words.

Brief description of contract performance or reason for amendment *

Be brief but descriptive. This should be more than a few words.

Start Date of New Contract or Amendment *

- ☐ When DDS Signs
Effective as of DDS Signature below.
- ☒ Later Date
Effective date is later than DDS signature below (for example, July 1 of upcoming fiscal year)
- ☐ Prior Date
Effective date is a date before DDS signs below (rarely used)

Later Date *

Contract End Date *

Finish Later

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Next, fill in a brief description of the new contract or what the amendment is for.

The next section of the form addresses the dates associated with the contract. The first section offers options for the start of the contract. “When DDS Signs” and “Later Date” are the two most common selections.

“When DDS Signs” is for when a contract or amendment is to begin immediately.

If an amendment or new contract will begin on a future date, select “Later Date” and then input the date, which is often the new fiscal year.

The last field is the contract end date, which is often the fiscal year end date of June 30.

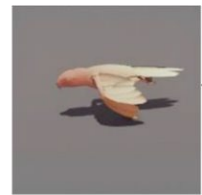
Click on Next.

DocuSign will provide a summary of the data inputted into the fields. You may edit the answers here or review the entire submission on the SCF form and make changes there.

Once you submit the standard contract form, it will electronically be transmitted to the DDS Contract Specialist. If there is an error that you would like to correct, please email the DDS Contract Specialist. They can make edits to the document before signatures are made. For example, if you realize that your vendor code is missing a digit, they can make the correction without starting over. If the form needs to be stopped, they can also decline to sign, ending the process.

DocuSign Tips

You may need to prove that you are not a robot the first time you use the form. This functionality is required by DocuSign as the form is open to the public. If your browser has normal history, this proof of humanity should happen infrequently.



you

Finish Later

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If you need to finish the form later, you can do so by selecting “Finish Later.” You will receive an email that allows you 10 calendar days to finish up the form.

The email will come from DocuSign and not from the DDSPSPProcurement@mass.gov email. The subject line will include the provider’s name, contract #, and activity code in the subject line of the email.

DDS POS Contract Form: Seven Hills, 125645

DN

DocuSign NA4 System <dse_NA4@docuSign.net>
To: Wall, Jess (DDS)