



## 689 Contract and Addendum Form Example

Housing Authority: \_\_\_\_\_

Housing Authority Authorized Signer Name: \_\_\_\_\_

Housing Authority Authorized Signer Email Address: \_\_\_\_\_

Authority Street Address: \_\_\_\_\_

Authority City, State, Zip: \_\_\_\_\_

Housing Authority Emergency Phone Number \_\_\_\_\_

### **Contract Details:**

Is this a State or Vendor Operated site: State \_\_\_\_\_ Vendor \_\_\_\_\_

Annual Meeting held? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Annual Meeting: \_\_\_\_\_

Meeting Included: Service Provider/Vendor: Yes \_\_\_\_\_ No \_\_\_\_\_

DDS or DMH Rep: Yes \_\_\_\_\_ No \_\_\_\_\_

LHA shared budget for this property: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of reserves \$ \_\_\_\_\_

### **Please pick one:**

Contract \_\_\_\_\_ or Addendum \_\_\_\_\_ (must be checked to proceed)

Contract Effective Date: (include the contract effective date, even if you are doing an addendum)

Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

Addendum Effective Date:

Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

If this is an addendum, what year of contract is it? (identify year 2-5 of the contract cycle) \_\_\_\_\_

Rent for Premises: \_\_\_\_\_ Number of people being provided services: \_\_\_\_\_  
(have you ensured that the current minimum rent has been met?)

689 Address: \_\_\_\_\_  
Street City/Town Zip

If applicable provide the following information for the Service Provider/Vendor:

Service Provider/Vendor Business Name: \_\_\_\_\_

Service Provider/Vendor Business Street Address: \_\_\_\_\_

Service Provider/Vendor Business City, State, Zip: \_\_\_\_\_  
City/Town State Zip

Service Provider/Vendor EMAIL (for the signatory): \_\_\_\_\_

Agency Name (choose one):

Department of Developmental Services (DDS) \_\_\_\_\_ Central Office Contact Victor Hernandez

Department of Mental Health (DMH) \_\_\_\_\_ Central Office Contact Adrienne Cassidy

Agency Central Office (DDS): DDS Central Office, 1000 Washington Street, Boston, MA 02118

(DMH) Area Office Address: \_\_\_\_\_

DMH Signer Name: \_\_\_\_\_

DMH Signer Email Address \_\_\_\_\_