Exhibit 11

DPH Sober Home Rental Assistance contract with MASH and the December 2024 amendment

Source

Department of Public Health (DPH) public records production, request BSAS-2025-35, second production, pages 76 to 79.

DPH public records production, request BSAS-2024-62, rolling production 3, pages 1 to 3.

Redactions

Redactions made by the producing agency are preserved as produced. In addition to those, the Vanderburgh Foundation has redacted email addresses and telephone numbers. Our redactions are solid black boxes. Nothing else has been altered; pages appear in their original order.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: [redacted]

06/20/2023

MASSACHUSETTS ALLIANCE FOR SOBER HOUSIN
5 EDGELL RD SUITE 30
FRAMINGHAM, MA 01701-4868

Attn: Denise Menzdorf

R/E: Contract #: INTF2400PP1237426542

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services has awarded MASSACHUSETTS ALLIANCE FOR SOBER HOUSIN a contract as a result of the review of your response to RFR# 237426 - Sober Home Rental Assistance Program. The effective start date of the contract shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health. The contract will be in effect through 06/30/2026.

The contract total maximum obligation is $2,878,127.00.

Listed below is the contract budgeted funding amounts:

Future Years	07/01/2023	06/30/2026	$2,878,127.00

If you have questions about your **award** please contact your program manager **Marci Yazwinski at** [redacted]

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Pedro Valdez at** [redacted]

Please sign with an **authorized signature** and return the contract package via email scan to **Pedro Valdez at** [redacted] no later than close of business **06/23/2023.**

Sincerely,
Deidre Calvert
Bureau Director
Bureau of Substance Addiction Services

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

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**, **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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://

CONTRACTOR LEGAL NAME: MASSACHUSETTS ALLIANCE FOR SOBER HOUSIN	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: **(W-9, W-4):** 5 EDGELL RD SUITE 30 FRAMINGHAM, MA 01701-4868	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Denise Menzdorf **Phone**: [redacted]	**Billing Address (if different):**
E-Mail: [redacted] **Fax:**	**Contract Manager**: Pedro Valdez **Phone**: [redacted]
Contractor Vendor Code: VC0000869556	**E-Mail**: [redacted] **Fax**: [redacted]
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** INTF2400PP1237426542 **RFR/Procurement or Other ID Number**: 237426

☑ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ **Statewide Contract** (OSD or an OSD-designated Department)
- ☐ **Collective Purchase** (Attach OSD approval, scope, budget)
- ☑ **Department Procurement** (includes all grants 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- ☐ **Emergency Contract** (Attach justification for emergency, scope, budget)
- ☐ **Contract Employee** (Attach Employment Status Form, scope, budget)
- ☐ **Other Procurement Exception**: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☐ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to _____, **20**___.

Amendment: Enter **Amendment Amount**: $ _____ . (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

- ☐ **Amendment to Scope or Budget** (Attach updated scope and budget)
- ☐ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
- ☐ **Contract Employee** (Attach any updates to scope or budget)
- ☐ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☑ **Commonwealth Terms and Conditions** ☐ **Commonwealth Terms and Conditions For Human and Social Services** ☐ **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.

☐ **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.)

☑ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). $ 2,878,127.00

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: ☐ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ☑ 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.)

Grants To Non-Public EntitiesSober Home Rental Assistance Program

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- ☐ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.
- ☑ 2. may be incurred as of 07/01, **20** 23, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.
- ☐ 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 06/30 , 2026 , 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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X: _____ **Date:** 6/22/23	**X:** _____ **Date:** _____
(Signature and Date Must Be Handwritten At Time of Signature)	**(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name: Denise Menzdorf	**Print Name:** _____
Print Title: Executive Director	**Print Title:** _____

Scope of Services

Contract ID #: INTF2400PP1237426542

New Contract

FY 2020 HUD Recovery Housing Funds will be used to assist individuals who are seeking to move into a certified sober home but have no or limited income and for current residents of certified sober homes who have lost their employment and/or income.

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**, **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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://

CONTRACTOR LEGAL NAME: MASSACHUSETTS ALLIANCE FOR SOBER HOUSIN		**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH	
Legal Address: **(W-9, W-4):** 5 EDGELL RD SUITE 30 FRAMINGHAM, MA 01701-4868		**Business Mailing Address**: 250 Washington Street, Boston MA 02108	
Contract Manager: Denise Menzdorf	**Phone**: [redacted]	**Billing Address (if different):**	
E-Mail: [redacted]	**Fax:**	**Contract Manager**: Miriam Clementi	**Phone**:
Contractor Vendor Code: VC0000869556		**E-Mail**: [redacted]	**Fax**: [redacted]
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address Id Must be set up for EFT payments.)**		**MMARS Doc ID(s):** INTF2400PP1237426542 **RFR/Procurement or Other ID Number**: 237426	

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ **Statewide Contract** (OSD or an OSD-designated Department)
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- ☐ **Emergency Contract** (Attach justification for emergency, scope, budget)
- ☐ **Contract Employee** (Attach Employment Status Form, scope, budget)
- ☐ **Other Procurement Exception**: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☑ **CONTRACT AMENDMENT**

Enter **Current Contract End Date** ***Prior*** to 06/30 , **20** 26 .

Amendment: Enter **Amendment Amount**: $ 1,013,834.00 . (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

- ☒ **Amendment to Scope or Budget** (Attach updated scope and budget)
- ☐ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
- ☐ **Contract Employee** (Attach any updates to scope or budget)
- ☐ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☑ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ 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.

☐ **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.)

☑ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). $ 3,891,962. 00

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: ☐ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ☑ 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.)

Maximum Obligation Change

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

☑ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

☐ 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.

☐ 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 06/30 , 20 26 , 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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: _____. **Date:** 12/18/24 .

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Denise Menzdorf .

Print Title: Executive Director .

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer . **Date:** 12/26/2024 .

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer .

Print Title: Director, Purchase of Service .

Sub Recipient Notification

The purpose of this communication is to fulfill the requirement established in 2 CFR 200. 331 (a) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Your organization is receiving this communication because it receives federal funds from DPH in the form of a sub-award, and DPH's relationship with your organization is defined as a sub-recipient relationship.

A sub recipient is defined as a non-federal entity that receives a sub-award from a pass-thru-entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency.

The attached report identifies information that DPH is required to provide to all entities that meet the description of a sub-recipient.

This communication will be sent:

1. *Whenever federal sub-awards are a part of the contractual relationship between DPH and the entities that it contracts with to provide services; and*
2. *Whenever the amount of those federal sub-awards change during the course of the contractual relationship.*

Your organization may have other contracts with DPH that are not sub-awards because they do not include federal funds. This communication does not pertain to any state funds your organization may have received from DPH.

*Your organization's contract may be a combination of federal and state funds. In this case, this communication **only** pertains to the federal funds portion of your contract.*

For a list of other requirements and information that your organization is required to adhere to as a sub-recipient of DPH, please see:

1. *Commonwealth of Massachusetts Standard Contract form;*
2. *Purchase of Service – Attachment 3 - Fiscal Year Program Budget (if applicable);*
3. *The appropriate Commonwealth Terms and Conditions; and*
4. *The Request for Response (RFR) and related documents.*

Please be advised that DPH should have access to your organization's records and financial statements as is necessary to meet the requirements of this sub-award.

Contract Number: INTF2400PP1237426542

Vendor Name - FEIN: MASSACHUSETTS ALLIANCE FOR SOBER HOUSIN - 811839101

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	14.228	7004-9012	RECOVERY HOUSING PROGRAM (RHP)	None	07/01/2023	06/30/2024	$1,525,700.00
				Grand Total of 2024			**$1,525,700.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$1.00
2025	14.228	7004-9012	RECOVERY HOUSING PROGRAM (RHP)	None	07/01/2024	06/30/2025	$1,657,426.00
				Grand Total of 2025			**$1,657,427.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2026	14.228	700[illegible]012	RECOVERY HOUSING PROGRAM (RHP)	None	07/01/2025	06/30/2026	$708,835.00

Grand Total of 2026	**$708,835.00**