

AGREEMENT

This Agreement, made this 31st day of July 2020 by and between HEALTH RESEARCH, INC., with offices located at Riverview Center, 150 Broadway, Ste. 560, Menands, NY, 12204, hereinafter referred to as "HRI, a domestic not-for profit corporation, and

Albany County Department of Health
175 Green Street
Albany, NY 12202- hereinafter referred to as the "Contractor"
(a(n) State/Local Government

WITNESSETH

WHEREAS, HRI has been awarded a grant/contract from the Center Disease Control Prevent, hereinafter referred to as the "Project Sponsor" under grant/contract number 6NU50CK0005160107, hereinafter referred to as "Sponsor Reference"; and,

WHEREAS, part of the overall project involves the following:

COVID-19 Enhanced Detection

WHEREAS, the Contractor has represented to HRI that it is knowledgeable, qualified, and experienced in the skill(s) required for this project, and that it is willing and capable of performing the services required hereunder

Now therefore, in consideration of the promises and mutual covenants herein, the parties hereto agree as follows:

Definitions: Throughout this Agreement, the following terms shall have the following definitions:

"Contract Start Date": 07/01/2020

"Contract End Date": 06/30/2022

"Total Contract Amount": \$1,830,466

"Maximum Reimbursable Amount": \$622,850

"HRI Project Director": Blog, Dr. Debra S.

"Required Voucher Frequency": Monthly

"FAIN Number": NU50CK000516

"HRI Contract Number": 6446-01

"Catalog of Federal Domestic Assistance Number": 93.323 ("This contract is "Federally" funded.")

Budget Flexibility Percentage: 25 % Percent of Total - Cumulative re-budget among categories is allowed by this percentage of the Total Contract Amount, or \$250,000, whichever is less

Attachments / Exhibits: The following are hereby incorporated and made a part of this Agreement:

Exhibit A - "Scope of Work"

Exhibit B - "Budget"

Exhibit C - "Reporting/Vouchering Instructions"

Exhibit D - "Prime Federal Award Information" (if checked) [x]

Attachment A - "General Conditions for HRI Contracts"

Attachment B - "Program Specific Clauses" (if checked) [x]

Attachment C - "Modifications to General Conditions and/or Program Specific Clauses" (if checked) [x]

Attachment D - "Modifications to General Conditions and/or Program Specific Clauses" (if checked) [x]

IN WITNESS WHEREOF, this Agreement has been duly executed by the parties hereto as of the date first above set forth.

Health Research, Inc

Albany County Department of Health

Federal ID: 14-6002563-

DUNS#:060536653

Name: Cheryl A. Mattox

Title: Executive Director

Name:

Title: