

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address):</p> <p>Department of Health</p> <p>Corning Tower Empire State Plaza Albany, NY 12237</p>	<p>BUSINESS UNIT/DEPT. ID: DOH01</p> <p>CONTRACT NUMBER: DOH01-C34744GG-3450000</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement</p> <p><input type="checkbox"/> Simplified Renewal Agreement</p> <p><input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>ALBANY COUNTY OF</p>	<p>TRANSACTION TYPE:</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p> <p>County of Albany</p>	<p>PROJECT NAME:</p> <p>Drinking Water Enhancement Grant Program</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002428</p> <p>Federal Tax ID Number: 146002563</p> <p>DUNS Number (if applicable): 060536653</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>112 STATE ST Rm. 1030 ALBANY, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Municipality, Code: 010100000000</p> <p><input type="checkbox"/> Tribal Nation</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption State/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

Contract Number: # DOH01-C34744GG-3450000

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CURRENT CONTRACT TERM:

From: 04/01/2020

To: 03/31/2025

CURRENT CONTRACT PERIOD:

From: 04/01/2020

To: 03/31/2025

AMENDED TERM:

From:

To:

AMENDED PERIOD:

From:

To:

CONTRACT FUNDING AMOUNT

(Multi-year - enter total projected amount of the contract;
Fixed Term/Simplified Renewal - enter current period
amount):

CURRENT: \$528,560.00

AMENDED:

FUNDING SOURCE(S)

☒

State

☐

Federal

☐

Other

FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT AND FUNDING AMOUNT:

(Out years represents projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1	04/01/2020-03/31/2021	\$105,712.00		
2	04/01/2021-03/31/2022	\$105,712.00		
3	04/01/2022-03/31/2023	\$105,712.00		
4	04/01/2023-03/31/2024	\$105,712.00		
5	04/01/2024-03/31/2025	\$105,712.00		

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ATTACHMENTS PART OF THIS AGREEMENT:

Attachment A:

- ☒ A-1 Program Specific Terms and Conditions
☐ A-2 Federally Funded Grants

Attachment B:

- ☒ B-1 Expenditure Based Budget
☐ B-2 Performance Based Budget
☐ B-3 Capital Budget
☐ B-4 Net Deficit Budget
☐ B-1 (A) Expenditure Based Budget (Amendment)
☐ B-2 (A) Performance Based Budget (Amendment)
☐ B-3 (A) Capital Budget (Amendment)
☐ B-4 (A) Net Deficit Budget (Amendment)

Attachment C: Work Plan

Attachment D: Payment and Reporting Schedule

Other: Attachment M

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