

**FW: ExPS contract renewal**

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To: Dethomasis, Kathleen <Kathleen.Dethomasis@albanycountyny.gov>; Witherspoon, Shanna <Shanna.Witherspoon@albanycountyny.gov>

Cc: Shipmon, CharlieMae M (HEALTH) <charliemae.shipmon@health.ny.gov>

 6 attachments (1 MB)

HRI Budget Forms 12.19.17.xls; \_Expenditure\_Based\_Budget\_Summary\_1803\_3-22-17.xls; HRI Voucher\_UPDATED 10.5.15.xls; Provider Attachment A,B (Fringe, Admin) 5-06.xls; Budget Modification Key Points.pdf; Albany ExPS Workplan 20-21.docx;

Dear Colleagues:

Enclosed is the 2019-2020 budget request/funding application for Expanded Partner Services (ExPS) provided by your county for the period of **April 1, 2020 – March 31, 2021**. The amount of your contract funding request may not exceed **\$105,000**.

This e-mail includes all the forms needed to complete the budget request/funding application. The forms have been formatted in Excel for ease of completion. I have also attached the work plan for your review. Any clarification of the workplan or changes should be discussed with me prior to submission.

Please **e-mail** the completed packet (including budget and other required forms) to [charliemae.shipmon@health.ny.gov](mailto:charliemae.shipmon@health.ny.gov) with a copy to [michele.stager@health.ny.gov](mailto:michele.stager@health.ny.gov) no later than **February 28, 2020**.

**PLEASE DO NOT ALTER THE WORKPLAN.** This document is provided for reference only.

I have also attached the HRI Budget Modification forms. In the event budget changes are needed after the contract has been executed, you will need to use these forms to submit your request to modify the budget.

As always, should you have any questions, please feel free to contact me or your contract manager.

Thank you.

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