

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

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| <b>STATE AGENCY:</b><br><br>NYS Department of State<br>One Commerce Plaza<br>99 Washington Avenue – Suite 1010<br>Albany, NY 12231  | <b>BUSINESS UNIT/DEPT ID:</b> DOS01/3800000<br><br><b>CONTRACT NUMBER:</b> C1001209<br><br><b>CONTRACT TYPE:</b><br><input type="checkbox"/> Multi-Year Agreement<br><input type="checkbox"/> Simplified Renewal Agreement<br><input checked="" type="checkbox"/> Fixed Term Agreement   |
| <b>CONTRACTOR SFS PAYEE NAME:</b><br><br>ALBANY COUNTY OF   | <b>TRANSACTION TYPE:</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Renewal<br><input checked="" type="checkbox"/> Amendment - NCTE   |
| <b>CONTRACTOR DOS INCORPORATED NAME:</b><br><br>n/a   | <b>PROJECT NAME:</b><br><br>Albany County Countywide Resiliency Plan   |
| <b>CONTRACTOR IDENTIFICATION NUMBERS:</b><br><br>NYS VENDOR ID Number: 1000002428<br><br>Federal Tax ID Number: 14-6002563<br><br>DUNS Number (if applicable): n/a  | <b>AGENCY IDENTIFIER:</b><br><br>16-LWRP-33 (CR)<br><br><b>CFDA NUMBER (Federally Funded Grants Only):</b><br><br>n/a  |
| <b>CONTRACTOR PRIMARY MAILING ADDRESS:</b><br><br>County of Albany<br>112 State Street - Room 1200<br>Albany, NY 12207<br><br><b>CONTRACTOR PAYMENT ADDRESS:</b><br><input checked="" type="checkbox"/> Check if same as primary mailing address<br><br><b>CONTRACTOR MAILING ADDRESS</b><br><input checked="" type="checkbox"/> Check if same as primary mailing address | <b>CONTRACTOR STATUS:</b><br><br><input type="checkbox"/> For Profit<br><input checked="" type="checkbox"/> Municipality, Code:<br><input type="checkbox"/> Tribal Nation<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Not-for-Profit<br><br>Charities Registration Number: n/a<br><br>Exemption Status/Code: 3A/02<br><br><input type="checkbox"/> Sectarian Entity |

# STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

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| <p><b>CURRENT CONTRACT TERM:</b></p> <p>FROM: 7/1/2019 TO: 1/31/2020</p> <p><b>CURRENT CONTRACT PERIOD:</b></p> <p>FROM: 7/1/2019 TO: 1/31/2020</p> <p><b>AMENDED TERM:</b></p> <p>FROM: 7/1/2019 TO: 1/31/2022</p> <p><b>AMENDED PERIOD:</b></p> <p>FROM: 7/1/2019 TO: 1/31/2022</p> | <p><b>CONTRACT FUNDING AMOUNT:</b><br/>(<i>Multi-year</i> – enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> – enter current period amount)</p><br><p><b>CURRENT:</b> \$138,145.00</p> <p><b>AMENDED:</b></p> <p><b>FUNDING SOURCES:</b></p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> State<br/> <input type="checkbox"/> Federal<br/> <input type="checkbox"/> Other         </p> |
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**FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:**  
(Out years represent projected funding amounts)

| # | CURRENT PERIOD | CURRENT AMOUNT | AMENDED PERIOD | AMENDED AMOUNT |
|---|----------------|----------------|----------------|----------------|
| 1 |                |                |                |                |
| 2 |                |                |                |                |
| 3 |                |                |                |                |
| 4 |                |                |                |                |
| 5 |                |                |                |                |

**ATTACHMENTS PART OF THIS AGREEMENT:**

- |  |   |
|--|---|
| <input type="checkbox"/> Attachment A:   | <input type="checkbox"/> A-1 Program Specific Terms and Conditions<br><input type="checkbox"/> A-2 Federally Funded Grants  |
| <input type="checkbox"/> Attachment B:   | <input type="checkbox"/> B-1 Expenditure Based Budget<br><input type="checkbox"/> B-2 Performance Based Budget<br><input type="checkbox"/> B-3 Capital Budget<br><input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)<br><input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)<br><input type="checkbox"/> B-3(A) Capital Budget (Amendment) |
| <input type="checkbox"/> Attachment C: Work Plan<br><input type="checkbox"/> Attachment D: Payment and Reporting Schedule<br><input type="checkbox"/> Other: |   |

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

County of Albany  
112 State Street - Room 1200  
Albany, NY 12207

By: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE AGENCY:

NYS Department of State  
One Commerce Plaza  
99 Washington Avenue – Suite 1010  
Albany, NY 12231

By: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor name on the face page of this Master Contract.

(Notary) \_\_\_\_\_

ATTORNEY GENERAL'S SIGNATURE

By: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE COMPTROLLER'S SIGNATURE

By: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_