

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

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|---|---|
| <p>STATE AGENCY (Name &amp; Address):<br/>         NYS Office of Indigent Legal Services<br/>         A. E. Smith Building, 11th Floor<br/>         80 South Swan Street<br/>         Albany, NY 12210</p>  | <p>BUSINESS UNIT/DEPT. ID: OLS01 - 1350200<br/>         CONTRACT NUMBER: CAFA301<br/>         CONTRACT TYPE (select one):<br/> <input checked="" type="checkbox"/> Multi-Year Agreement<br/> <input type="checkbox"/> Simplified Renewal Agreement<br/> <input type="checkbox"/> Fixed Term Agreement</p>   |
| <p>CONTRACTOR NAME:<br/>         Albany, County of</p>  | <p>TRANSACTION TYPE:<br/> <input type="checkbox"/> New<br/> <input type="checkbox"/> Renewal (list periods):<br/> <input checked="" type="checkbox"/> Amendment (list periods):</p>   |
| <p>CONTRACTOR IDENTIFICATION NUMBERS:<br/>         NYS Vendor ID Number: 1000002428<br/>         Federal Tax ID Number: 14-6002563</p>  | <p>PROJECT NAME:<br/>         THIRD COUNSEL AT FIRST APPEARANCE<br/>         ASSISTANCE LISTINGS (formerly CFDA)<br/>         NUMBER (ALN) (Federally Funded Grants Only):</p>  |
| <p>CONTRACTOR PRIMARY MAILING ADDRESS:<br/>         County of Albany<br/>         Public Defender's Office<br/>         112 State Street, 2nd Floor<br/>         Albany, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:<br/> <input type="checkbox"/> Check if same as primary mailing address</p> <p>Albany County<br/>         Dept. of Management and Budget<br/>         112 State Street, Room 1200<br/>         Albany, NY 12207</p> <p>CONTRACT MAILING ADDRESS:<br/> <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS:<br/>         Daniel.McCoy@albanycountyny.gov</p> | <p>CONTRACTOR STATUS:<br/> <input type="checkbox"/> For Profit<br/> <input checked="" type="checkbox"/> Municipality<br/> <input type="checkbox"/> Tribal Nation<br/> <input type="checkbox"/> Individual<br/> <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:<br/>         Exemption Status/Code: 10100000000</p> <p><input type="checkbox"/> Sectarian Entity</p> |



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

CONTRACTOR:

Albany County

By: 

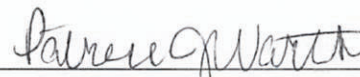
Michael P. McLaughlin Jr.  
Printed Name

Title: Deputy County Executive

Date: 11/13/24

STATE AGENCY:

NYS Office of Indigent Legal Services

By: 

Patricia J. Warth  
Printed Name


Title: Director - Office of Indigent Legal Services

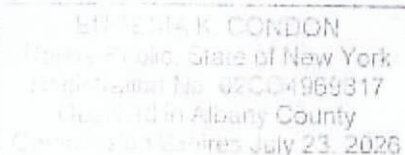
Date: 11/18/2024

STATE OF NEW YORK

County of Albany

On the 13th day of November, 2024, before me personally appeared Michael P. McLaughlin, to me known, who being by me duly sworn, did depose and say that he/she resides at County of Albany, NY, that he/she is the Deputy County Executive of the County of Albany, NY. the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) 



ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Printed Name

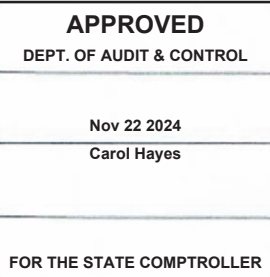
Title: \_\_\_\_\_

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

Printed Name

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

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



**ATTACHMENT E**  
**LIMITATION ON CONTRACT EXTENSIONS**  
**THIRD COUNSEL AT FIRST APPEARANCE**  
**COUNTY OF ALBANY**

The term extension provided for in this amendment shall represent the last and final extension to this contract. No additional term extensions will be provided. All claims eligible for reimbursement under the terms of this contract shall be submitted to the Office of Indigent Legal Services no later than one hundred twenty (120) days after the end date of the term extension. Upon expiration of this term, the claims covered by the terms of the contract and any associated funding shall no longer be available for such reimbursement.