NYS GRANTS GATEWAY Schedule Report: Modification

Organization Legal Mame: County of Albany
Contract in PRK01-C51/2000-1290000 (Fixed Term Agreement)
Grant Opportunity Type: Ivon-Compensive

Penud = 12/10/2015 - 12/09/2021 term Date:12/10/2015 - 12/09/2021

| Modification 1 Currer | nt Status: Grantee Contract Signature Required | | | Remaining Sche | dule Days 48 |
|-----------------------|--|----------------------------|----------------|----------------|--|
| Modification Request: | | | | | |
| | Status | Role | Scheduled Days | Actual Days | Remaining Days |
| | Modification Request (PM) | Program Manager | N/A | 0 | |
| | Modification Request Review (PM) | Program Manager | N/A | 13 | E |
| | Modification Request Review (CM) | Contract Manager | N/A | 0 | |
| | | Subtotal | 0 | 13 | 0 |
| Contract Development: | | | | | |
| | Status | Role | Scheduled Days | Actual Days | Remaining Days |
| | Contract Info Requested Modification (PM) | Grantee | 10 | | |
| | Program Manager Review Modification | Program Manager | 10 | | |
| | Contract Manager Review Modification | Contract Manager | 10 | 1 | 9 |
| | Contract in Internal Review Modification | Contract Manager | 10 | | |
| | 8 | Subtotal | 40 | 1 | AMERICAN AND A STATE OF THE STA |
| Contract Approval: | | | | | |
| | Status | Role | Scheduled Days | Actual Days | Remaining Days |
| | Grantee Contract Signature Required | Grantee Contract Signatory | 5 | 55 | -50 |
| | Contract Package Validation | Contract Manager | 5 | | |
| | Agency Signature Required | Agency Signatory | 5 | | |
| W. F. | Contract Manager Routing | Contract Manager | 5 | | |

NYS GRANTS GATEWAY Schedule Report: Modification

Organization Legal Name, County or Albany Contract if: PRK01-C51726GG-1290000 (Fixed Term Agreement) Grant Opportunity Type, Non-Competitive

Period 1: 12/10/2015 - 12/09/2021 Term Date: 12/10/2015 - 12/09/2021

OfflinetNo

| Modification 1 Current Status: Grantee Contract Signature Required | | | Remaining Schede | ile Days 48 |
|--|----------------------------|-----|------------------|-------------|
| AG Review and Approval | Attorney General Signatory | 15 | | |
| AG Not Approved As To Form | Contract Manager | 3 | * | |
| Agency STS Determination | Fiscal Staff | 3 | | |
| Transmit Contract Package to OSC | Contract Manager | 3 | | |
| Offline OSC Review And/Or SFS Approval | Contract Manager | 15 | | |
| Offline OSC Contract Information Requested | Contract Manager | 5 | | |
| | Subtotal | 64 | 55 | - |
| | Total Days | 104 | 56 | |
| | iotal Days | 104 | 36 | |

Run date: 12/38/2018

NYS GRANTS GATEWAY Schedule Report: Modification

Organization Legal Name, County of Albany

Contract #: PRK01-C51726GG-1290000 (Fixed Term Agreement)

Grant Opportunity Type 11. - Compassive

Period 7: 12/10/2015 - 12/09/2021 ferm Date:12/10/2015 - 12/09/2021

Diffine N

| Modification 1 Current Status: Grantee Contract Signature Required | Remaining Schedule Days 48 |
|--|----------------------------|
| Status History | |
| Status | Date/Time |
| Modification Request (PM) | 10/20/2020 01:12:30PM |
| Modification Request Submitted | 10/20/2020 01:24:03PM |
| Modification Request Review (PM) | 10/20/2020 01:24:03PM |
| Modification Request Review (CM) | 11/02/2020 03:41:40PM |
| Modification Request Approved | 11/02/2020 03:48:11PM |
| Contract Manager Review Modification | 11/02/2020 03:48:12PM |
| Grantee Contract Signature Required | 11/03/2020 07:50:47AM |

Ten Hores 1979 S

10/02/2001