

# STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name &amp; Address):</p> <p>NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210</p>	<p>BUSINESS UNIT/DEPT. ID: OLS01 - 1350200</p> <p>CONTRACT NUMBER: C110001</p> <p>CONTRACT TYPE (select one):</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR NAME:</p> <p>Albany, County of</p>	<p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal (list periods): <input checked="" type="checkbox"/> Amendment (list periods):</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563</p>	<p>PROJECT NAME:</p> <p>Distribution #11</p> <p>ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>County of Albany Public Defender's Office 112 State Street, 2nd Floor Albany, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input type="checkbox"/> Check if same as primary mailing address</p> <p>County of Albany Dept. of Management and Budget 112 State Street, Suite 900 Albany, NY 12207</p> <p>CONTRACT MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS:</p> <p>Daniel.McCoy@albanycountyny.gov</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code: 10100000000</p> <p><input type="checkbox"/> Sectarian Entity</p>

# STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

## CURRENT CONTRACT TERM:

From: January 1, 2021 To: December 31, 2023

## AMENDED TERM:

From: January 1, 2021 To: December 31, 2026

## CONTRACT FUNDING AMOUNT

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

CURRENT: \$ 1,573,455.00

AMENDED:

## FUNDING SOURCE(S)

- ☒ State  
☐ Federal  
☐ Other

## ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

- ☐ Appendix A
- ☐ Attachment A:
- ☐ Attachment B:
- ☐ Attachment C: Work Plan
- ☐ Attachment D: Payment and Reporting
- ☒ Other: Attachment E: Limitation on Contract Extensions
- ☐ A-1 Agency Specific Terms and Conditions
- ☐ A-2 Program Specific Terms and Conditions
- ☐ A-3 Federally Funded Grants and Requirements Mandated  
by Federal Laws
- ☐ 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)

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

CONTRACTOR:

Albany County

STATE AGENCY:

NYS Office of Indigent Legal Services

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

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

By: \_\_\_\_\_

Patricia J. Warth

\_\_\_\_\_  
Printed Name

Title: Director - Office of Indigent Legal Services

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 named on the face page of this Master Contract.

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

ATTORNEY GENERAL'S SIGNATURE

\_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

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

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

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

**ATTACHMENT E**  
**LIMITATION ON CONTRACT EXTENSIONS**  
**DISTRIBUTION #11**  
**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.