

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

<p>STATE AGENCY (Name &amp; Address):          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          CONTRACT NUMBER: CAFA401          CONTRACT TYPE (select one):  <input checked="" type="checkbox"/> Multi-Year Agreement  <input type="checkbox"/> Simplified Renewal Agreement  <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR NAME:          Albany, County of</p>	<p>TRANSACTION TYPE:  <input type="checkbox"/> New  <input type="checkbox"/> Renewal (list periods):  <input checked="" type="checkbox"/> Amendment (list periods):</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:          NYS Vendor ID Number: 1000002428          Federal Tax ID Number: 14-6002563</p>	<p>PROJECT NAME:          Fourth Counsel at First Appearance          ASSISTANCE LISTINGS (formerly CFDA)          NUMBER (ALN) (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:          County of Albany          Public Defender's Office          112 State Street, 2nd Floor          Albany, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:  <input type="checkbox"/> Check if same as primary mailing address          Albany County          Dept. of Management and Budget          112 State Street, Room 1200          Albany, NY 12207</p> <p>CONTRACT MAILING ADDRESS:  <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS:          Daniel.McCoy@albanycountyny.gov</p>	<p>CONTRACTOR STATUS:  <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:          Exemption Status/Code: 10100000000  <input type="checkbox"/> Sectarian Entity</p>

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<p><b>CURRENT CONTRACT TERM:</b></p> <p>From: January 1, 2023 To: December 31, 2025</p> <p><b>AMENDED TERM:</b></p> <p>From: January 1, 2023 To: December 31, 2026</p>	<p><b>CONTRACT FUNDING AMOUNT</b>  <i>(Fixed Term - enter current period amount; Simplified Renewal - enter cumulative amount to date; Multi-year - enter total projected amount of the contract):</i></p> <p>CURRENT:   \$ 749,700.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p><input checked="" type="checkbox"/> State  <input type="checkbox"/> Federal  <input type="checkbox"/> Other</p>
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**ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):**

- Appendix A
  
- Attachment A:
  - 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
  
- Attachment B:
  - 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)
  
- Attachment C: Work Plan
- Attachment D: Payment and Reporting
- Other:
  - Attachment E: Limitation on Contract Extensions

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

CONTRACTOR:

Albany County

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

Printed Name

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

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

STATE AGENCY:

NYS Office of Indigent Legal Services

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

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Printed Name

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

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

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

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

**ATTACHMENT E**

**LIMITATION ON CONTRACT EXTENSIONS**

**FOURTH 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.