

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & 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: C120001 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: DISTRIBUTION #12 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</p> <p>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</p> <p><input type="checkbox"/> Sectarian Entity</p>

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<p>CURRENT CONTRACT TERM:</p> <p>From: January 1, 2022 To: December 31, 2024</p> <p>AMENDED TERM:</p> <p>From: January 1, 2022 To: December 31, 2025</p>	<p>CONTRACT FUNDING AMOUNT <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: \$ 786,729.00</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:

Attachment B:

Attachment C: Work Plan

Attachment D: Payment and Reporting

Other: Attachment E: Limitation on Contract Extensions

<input type="checkbox"/>	A-1 Agency Specific Terms and Conditions
<input type="checkbox"/>	A-2 Program Specific Terms and Conditions
<input type="checkbox"/>	A-3 Federally Funded Grants and Requirements Mandated by Federal Laws
<input checked="" type="checkbox"/>	B-1 Expenditure Based Budget
<input type="checkbox"/>	B-2 Performance Based Budget
<input type="checkbox"/>	B-3 Capital Budget
<input type="checkbox"/>	B-4 Net Deficit Budget
<input type="checkbox"/>	B-1(A) Expenditure Based Budget (Amendment)
<input type="checkbox"/>	B-2(A) Performance Based Budget (Amendment)
<input type="checkbox"/>	B-3(A) Capital Budget (Amendment)
<input type="checkbox"/>	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

STATE COMPTROLLER'S SIGNATURE

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

B-1(A) Expenditure Based Budget (Amendment)

NYS Office of Indigent Legal Services

REQUEST FOR BUDGET MODIFICATION/REVISION

ALBANY COUNTY - C120001 - DIST. #12

Contract Term: January 1, 2022 - December 31, 2024


Amount of Contract: \$786,729.00

Budget Expenditure Items	TOTAL AVAILABLE FUNDS	Change Increase/Decrease	Revised Budget
PUBLIC DEFENDER'S OFFICE			
Personnel:			
(FT) Assistant Public Defender - Salary (Felony-level)	\$74,823.55	(\$74,823.55)	\$0.00
(FT) Assistant Public Defender - Fringe (Felony-level)	\$40,419.59	(\$40,419.59)	\$0.00
(FT) Assistant Public Defender - Salary (Local-level)	\$99,992.71	(\$99,992.71)	\$0.00
(FT) Assistant Public Defender - Fringe (Local-level)	\$54,146.05	(\$54,146.05)	\$0.00
Employee Retention Stipends for Family Court staff - Public Defender's Office	\$0.00	\$78,304.00	\$78,304.00
Employee Retention Stipends for Family Court staff - Alternate Public Defender's Office	\$0.00	\$30,000.00	\$30,000.00
Subtotal Personnel	\$269,381.90	(\$161,077.90)	\$108,304.00
OTPS:			
Office Renovation for Family Court staff	\$0.00	\$161,077.90	\$161,077.90
Subtotal OTPS	\$0.00	\$161,077.90	\$161,077.90
TOTAL	\$269,381.90	\$0.00	\$269,381.90

Explanation:

Albany County's Public Defender's Office is requesting a budget modification to reduce the balance for the (FT) Assistant Public Defender (Felony and Local-level) positions due to vacancies with the understanding that the vacancies would be filled and funded with 2025 distribution funding. They would like to use the available balance to fund Employee Retention Stipends for Family Court Staff in the Public Defender's Office and Alternate Public Defender's Office to better align those positions with their Criminal Court staff funded by grants from the NYS Division of Criminal Justice. Stipends will be paid out as a percentage of salary.

Additionally, the Public Defender's Office would like to cover costs associated with relocating and renovating space for their Family Court staff, including reasonable furniture and office space fixtures.

	9/25/24
Approval: Jamison Blair, Assistant Counsel	Date

	9/25/24
Approval: Patricia Warth, Director - Office of Indigent Legal Services	Date

ATTACHMENT E

LIMITATION ON CONTRACT EXTENSIONS

DISTRIBUTION #12

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.