

Research Subaward Agreement Amendment

Pass-Through Entity (PTE)

Subrecipient

Research Foundation for Mental Hygiene, Inc.

Entity Name

Albany County

Riverview Center
150 Broadway, Suite 301
Menands, New York, 12204-2726

Address
including City, State, Zip+4
(Country, if non-US)

112 State Street, Room 1340
Albany, New York 12207-2024

Constance Burke

Principal Investigator

PTE Federal Award No:

1H79TI081718

Amendment No:

1

Federal Awarding Agency:

SAMHSA

Project Title: NYS OASAS SOR

Subaward Period of Performance:

Start Date: Sep 30, 2019

End Date: Mar 31, 2021

Amount Funded This Action:

\$ 0.00

P.O. No:

144822

Effective Date of Amendment:

Oct 1, 2020

Total Amount of Federal Funds Obligated to Date:

\$ 251,050.00

P/T/A 1015335/1/27213

Org 550 CO OASAS

Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Research Subaward Agreement as follows:

Action:

PERIOD OF PERFORMANCE: This amendment extends the period of performance through 3/31/2021.

LIMITATION OF COSTS:

Funds in the amount of \$0.00 will be added to this award period. The total cost of performing the tasks of this agreement shall not exceed \$251,050. The Scope of Work remains the same. Prime Recipient shall not, in the absence of a modification hereto, be obligated to reimburse the Subrecipient for costs in excess of the amount currently available for reimbursement herein.

OTHER: Additional Terms and Conditions

Subrecipient agrees to comply with GPRA data collection requirements and will submit monthly reports to OASAS by the 5th of each month. No invoice will be paid without verification of compliance. Failure to meet this condition will result in non-compliance and contract termination.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE:

By an Authorized Official of Subrecipient:

Name:

Robert E. Burke

Date

Name:

Date

Title:

Managing Director

Title:

Read and Acknowledged:

Principle Investigator
Constance Burke

Institutional Official
Tara Gabriel

Version May 2018

Attachment 1
Cost Reimbursement Research Subaward Agreement
Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number:
6H79TI081718-I

Statement of Work

Below ☐ or ☐ Attached ☐ pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Unchanged

Indirect Information Indirect Cost Rate (IDC) Applied %
☐ TDC ☐ MTDC ☐ OTHER ☒ de minimus rate of 10%

Cost Sharing ☐ Yes ☒ No
If Yes, include Amount: \$

Budget Information ☐ Below ☐ Attached, pages

Unchanged

Direct Costs \$

Indirect Costs \$

Total Costs \$

All amounts are in United States Dollars