

Research Subaward Agreement Amendment 2

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:

H79TI01718

DUNS No.

060536653

Federal Awarding Agency:

SAMHSA

Project Title: NYS OASAS SOR

Subaward Period of Performance:

Start Date: 10/1/2019 End Date: 9/29/2021

Amount Funded This Action:

0.00

P.O. No:

144822

Effective Date of Amendment:

2/22/2021

Total Amount of Federal Funds Obligated to Date:

251050

P/T/A

Org

1015335/1/27213

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: Contract extended an additional 6 months to 9/29/2021.

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 and the budget for this amendment are as shown in Attachment 1. 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:

Robert Burke

Robert Burke (Feb 26, 2021 12:36 EST)

Robert E. Burke, Managing Director

Date

By an Authorized Official of Subrecipient:

Name:

Date

Title:

Read and acknowledged:

Constance Burke
Principal Investigator

Tara M. Gabriel
Tara M. Gabriel (Feb 26, 2021 12:35 EST)
Authorized Official

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

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 <input type="text" value="10"/> % <input type="checkbox"/> TDC <input type="checkbox"/> MTDC <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> de minimus rate of 10%	Cost Sharing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, include Amount: \$ <input type="text"/>
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Budget Information Below Attached, pages

Unchanged

Direct Costs \$
Indirect Costs \$
Total Costs \$

All amounts are in United States Dollars











SUB Amend. 2 Albany County 27213 (COTI)

Final Audit Report

2021-02-26

Created:	2021-02-22
By:	stephen.sullivan@oasas.ny.gov stephen.sullivan@oasas.ny.gov (stephen.sullivan@oasas.ny.gov)
Status:	Signed
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"SUB Amend. 2 Albany County 27213 (COTI)" History

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2021-02-22 - 5:59:05 PM GMT- IP address: 161.11.160.33
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Signature Date: 2021-02-26 - 5:35:31 PM GMT - Time Source: server- IP address: 161.11.160.32
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2021-02-26 - 5:35:33 PM GMT
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Signature Date: 2021-02-26 - 5:36:12 PM GMT - Time Source: server- IP address: 161.11.160.26
-  Agreement completed.
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