

AMENDMENT #1

This Agreement, made this 12th day of Nov., 2021 by and between **HEALTH RESEARCH, INC.**, hereinafter referred to as "HRI," a domestic not-for-profit corporation, and **ALBANY COUNTY**, hereinafter referred to as "Contractor."

WHEREAS, heretofore on or about the 11th day of March, 2021, the parties hereto entered into a certain agreement regarding "Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention", HRI Contract Number **6083-03**; and,

WHEREAS it is now desired to amend that provision of such contract designated as "Total Contract Amount", and to substitute Exhibit "B" Revised and attach Exhibit "D" Addition.

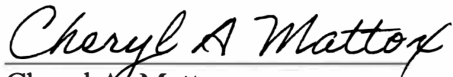
NOW THEREFORE, it is mutually agreed by both parties the "Total Contract Amount" of Agreement HRI Contract Number 6083-03 will be **\$175,000**.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

IN WITNESS WHEREOF, the parties hereto have agreed and executed this amendment.

HEALTH RESEARCH, INC.

ALBANY COUNTY



Cheryl A. Mattox
Executive Director

Name: _____
Title: _____

EXHIBIT B REVISED

Summary Budget Form

Contractor: County of Albany

Contract Period: 2/1/2021-1/31/2022

Federal ID #: 14-6002563

Indicate intended voucher frequency with an (X) below:

Quarterly **X**

Monthly

Budget Items	Amount Requested
(A) PERSONAL SERVICES	\$30,620
(B) FRINGE BENEFITS	\$11,950
(C) SUPPLIES	
(D) TRAVEL	\$935
(E) EQUIPMENT	
(F) MISCELLANEOUS	\$4,144
(G) SUBCONTRACTS/CONSULTANTS	\$127,351
(H) ADMINISTRATIVE COSTS	
(I) RESTRICTED <i>Undetermined budget category. Budget modification required to access these funds.</i>	
TOTAL (Sum of lines A through I)	\$175,000

Personal Services Total Sum of A & B	\$42,570
OTPS Total Sum of C through H	\$132,430

Notes:

1: Contract Managers may require additional information necessary for approval of requested dollar amounts.

Personal Services

Contractor: County of Albany
Contract Period: 2/1/2021-1/31/2022
Federal ID #: 14-6002563

(1)	(2)	(3)	(4)	(5)	(6)
Position Title/Incumbent Name(s) <small>List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time. If additional space is needed, copy this page</small>	Hours Worked Per Week <small>Hours worked per week, regardless of funding source.</small>	Annual Salary <small>Salary for 12 months, regardless of funding source.</small>	# of months or pay periods funded on this contract	% of Effort funded by this contract	Amount Requested <small>Col 3 x Col 4 x Col 5 12 mos. or 26 pp</small>
Program Coordinator/Karen Ziegler	35	\$91,102	12	3.00%	\$2,733
Cordinator Of Community Education/Lori Walker	35	\$49,442	12	22.20%	\$10,976
Clinical Supervisor/Erin Weiss	35	\$67,325	12	11.39%	\$7,668
Crime Victim Therapist/vacant	35	\$52,164	12	8.00%	\$4,173
Volunteer Coordinator/Noelle Testa	35	\$42,246	12	12.00%	\$5,070
SUBTOTAL					\$30,620

Notes:

Fringe Benefits and Position Descriptions

Contractor: County of Albany
 Contract Period: 2/1/2021-1/31/2022
 Federal ID #: 14-6002563

FRINGE BENEFITS

1. Does your agency have a federally approved fringe benefit rate?
Contractor must attach a copy of federally approved rate agreement.

☐ YES

Approved Rate (%) : _____

Amount Requested (\$) : _____

☐ NO

Complete 2-7 below.

2. Total salary expense based on most recent audited financial statements:

\$131,494,733

3. Total fringe benefits expense based on most recent audited financial statements:

\$81,265,551

4. Agency Fringe Benefit Rate: *(amount from #3 divided by amount from #2)*

61.80%

5. Date of most recently audited financial statements:

12/31/19

Attach a copy of financial pages supporting amounts listed in #2 and #3.

6. Requested rate and amount for fringe benefits:

Rate Requested (%) : 39.03%

Amount Requested (\$) : \$11,950

7. If the rate requested on this contract exceeds the rate supported by latest audited financials, please justify below.

POSITION DESCRIPTIONS

For each position listed on the summary budget page, provide a brief description of the duties supported by this contract.

Title: Director

Contract Duties : Responsible for coordinating CVSVC activities; providing grant management, fiscal and programmatic reporting. Contact with the County of Albany County Executive, County Department heads, District Attorney, Albany County Sheriff, and the Albany County Legislature. Implements policy, procedural, and legislative activities. 1.5 hours/week

Title: Coordinator of Community Education

Contract Duties : Responsibilities include providing sexual violence prevention education in the community as well as training and monitoring staff that work in the prevention education and community mobilization programs. Establishes and maintains strong links with community (nightlife establishments, local schools, community partners). Maintains accurate program data and statistics. 8 hours/week

Title: Clinical Supervisor

Contract Duties : Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 4 hours/week

Position Descriptions (continued)

Contractor: County of Albany
Contract Period: 2/1/2021-1/31/2022
Federal ID #: 14-6002563

For each position listed on the summary budget page, provide a brief description of the duties supported by this contract.

Title: Crime Victim Therapist

Contract Duties : Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 3 hours/week

Title: Volunteer Coordinator

Contract Duties : Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 4.5 hours/week

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Supplies, Travel and Equipment

Contractor: County of Albany
 Contract Period: 2/1/2021-1/31/2022
 Federal ID #: 14-6002563

SUPPLIES : <i>Contractors should utilize their institution's policy for categorizing supplies and all software.</i> <div style="text-align: right;"> Office : _____ Program : _____ Total : _____ </div>	TRAVEL : <i>Include staff, client and conference travel. Contract manager approval is required for out-of-state travel. Funds budgeted for conference travel must be directly related to the funded program. Contractors without reimbursement policies should use federal government travel reimbursement policy.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Is mileage requested? <input checked="" type="checkbox"/> YES <small>(personal auto or agency auto)</small> <input type="checkbox"/> NO </div> <div style="width: 35%;"> Staff : _____ \$935 Client : _____ Conference : _____ Total : _____ \$935 </div> </div> <p>255 miles/month x \$0.58/mile x 6 months = \$885 plus \$50 for tolls and parking.</p>
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EQUIPMENT : *Itemize anticipated equipment purchases. Federal regulations define "equipment" as items with a unit cost of \$5,000 or more. Some contractors will have similar thresholds to differentiate "equipment" from "supplies" and these thresholds may be lower than \$5,000. Contractors should utilize their institution's threshold policy for categorizing equipment for any items with a unit cost of less than \$5,000. Items with a unit cost of \$5,000 or more must be categorized as equipment*

What is your institution's threshold for equipment? _____ If your institution does not have a specific threshold you must follow the federal threshold of \$5,000 or more.

<u>Item</u>	<u>Amount</u>	<u>Justification</u>
Total :	_____	

Contractor: County of Albany
Contract Period: 2/1/2021-1/31/2022
Federal ID #: 14-6002563

Detail below the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for all telephone lines funded by this contract, including fax and modem lines. Also include any telecommunication installation or equipment costs, hotline, long distance, cell phone, internet or beeper expenses that apply to this contract.

May include postage, printing, equipment rental or maintenance, stipends, media advertising, recruitment or other appropriate costs. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor must have methodology on file to support the amount requested.

[illegible]

Subcontracts/Consultants & Administrative Costs

Contractor: County of Albany
 Contract Period: 2/1/2021-1/31/2022
 Federal ID #: 14-6002563

SUBCONTRACTS/CONSULTANTS :

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
Planned Parenthood of Greater New York Federal tax id # 14-6004167	PP of Greater NY will provide the full-time program coordinator which includes responsibility to oversee and manage the day-to-day activities of the Region 4 Center for Sexual Violence Prevention: Provide oversight, program development and supervision, and leadership to the prevention and education staff. Coordinate, plan, and facilitate prevention and education programs. Schedule, deliver and provide presentations on sexual assault prevention, focusing on the Safer Bars initiative for this year.	
	Personnel Services for 12 months: RPE Regional Coordinator (100%)	\$41,000
	Fringe benefits for 12 months @ 26.1%	\$10,701
	Supplies: prevention education materials, paper, ink, toner, folders, etc.	\$655
	Travel: Mileage- approx. 100 miles x \$.575 per mile x 12 months. This will also include costs for the annual DOH Provider Meeting (\$155 registration fee) and any approved NYS DOH trainings.	\$845
	Telecommunications: 1 cellular phone plan @ \$37.65/mo x 12 months	\$452
	Space at PPGNY 1040 State Street Schenectady, NY	\$709
	PPGNY will contract with TBD community organizations to promote health equity in current prevention strategies in high risk communities in Schenectady County	\$10,000
	Total :	\$64,362

INDIRECT COSTS/ADMINISTRATIVE COSTS: *Costs used to support the indirect rate requested may NOT be directly billed to the contract.*

Does your agency have a federally approved indirect cost rate?

**The rate will be applied to the same base costs as used in the federally approved rate agreement.*

☐ **YES**

*Rate Approved (%) : _____ Base _____

Rate Requested (%) : _____

Amount Requested (\$) : _____

Submit a copy of the federally approved indirect rate agreement to support the request.

All Contractors are entitled to a 10% Modified Total Direct Cost De minimus if they do not have a federally negotiated rate.

☐ **NO** Indicate the requested rate and amount for administrative costs.

**Rate Requested (%) : _____ Base _____

Amount Requested (\$) : _____

Financial Officer or Contract Signatory

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of \$25,000.

***No portion of administrative costs can be directly billed.*

Subcontracts/Consultants & Administrative Costs

Contractor: County of Albany
Contract Period: 2/1/2021-1/31/2022
Federal ID #: 14-6002563

SUBCONTRACTS/CONSULTANTS :

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
YWCA of the Mohawk Valley Federal ID# 15-0532279	<p>The YWCA of the Mohawk Valley will deliver sexual violence prevention initiatives in Oneida County.</p> <p>The YWCA MV will focus on the Healthy Schools Initiative, partnering with middle and high schools to provide comprehensive and community level violence prevention to transform school districts and communities into a healthy school environment, using education, physical environment, social norms and policy.</p> <p>Personnel Services for 12 months: Director of Community Education Tracy Stancato (50%) Chief Operating Officer Michael Gulula (5%)</p> <p>Fringe benefits for 12 months @ 12% Supplies: prevention education materials, paper, ink, toner, folders</p> <p>Training and travel costs: 173 miles x \$.58 per mile x 12 months, including costs for any necessary DOH approved trainings</p> <p>Space at YWCA100 Cornelia Street, Utica, NY</p> <p>YWCA will contract with TBD school organization to expand Healthy Schools Initiative in current prevention strategies to high risk communities in Oneida County</p>	<p>\$30,417</p> <p>\$4,998</p> <p>\$4,250</p> <p>\$600</p> <p>\$1,800</p> <p>\$924</p> <p>\$10,000</p>
Total :		\$52,989

INDIRECT COSTS/ADMINISTRATIVE COSTS: *Costs used to support the indirect rate requested may NOT be directly billed to the contract.*

Does your agency have a federally approved indirect cost rate?

☐ **YES**

*Rate Approved (%) : _____ Base _____

Rate Requested (%) : _____

Amount Requested (\$) : _____

Submit a copy of the federally approved indirect rate agreement to support the request.

**The rate will be applied to the same base costs as used in the federally approved rate agreement.*

All Contractors are entitled to a 10% Modified Total Direct Cost De minimus if they do not have a federally negotiated rate.

☐ **NO** Indicate the requested rate and amount for administrative costs.

**Rate Requested (%) : _____ Base _____

Amount Requested (\$) : _____

Financial Officer or Contract Signatory

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of \$25,000.

***No portion of administrative costs can be directly billed.*

Subcontracts/Consultants & Administrative Costs

Contractor: County of Albany
Contract Period: 2/1/2021-1/31/2022
Federal ID #: 14-6002563

SUBCONTRACTS/CONSULTANTS :

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
TBD	CVSVC will contract with TBD community organizations to promote health equity in current prevention strategies high risk communities in Albany County	\$10,000
Total :		\$10,000

INDIRECT COSTS/ADMINISTRATIVE COSTS: *Costs used to support the indirect rate requested may NOT be directly billed to the contract.*

Does your agency have a federally approved indirect cost rate?

☐ **YES**

*Rate Approved (%) : _____ Base _____

Rate Requested (%) : _____

Amount Requested (\$) : _____

Submit a copy of the federally approved indirect rate agreement to support the request.

☐ **NO** Indicate the requested rate and amount for administrative costs.

**Rate Requested (%) : _____ Base _____

Amount Requested (\$) : _____

**The rate will be applied to the same base costs as used in the federally approved rate agreement.*

All Contractors are entitled to a 10% Modified Total Direct Cost De minimus if they do not have a federally negotiated rate.

Financial Officer or Contract Signatory

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of \$25,000.

***No portion of administrative costs can be directly billed.*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-05

FAIN# NUF2CE002460

Federal Award Date: 10/04/2021

EXHIBIT D**ADDITION****Recipient Information****1. Recipient Name**

HEALTH RESEARCH, INC.
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

2. Congressional District of Recipient

20

3. Payment System Identifier (ID)

1141402155A1

4. Employer Identification Number (EIN)

141402155

5. Data Universal Numbering System (DUNS)

153695809

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Bernadette Dolen
Program Director
Bernadette.dolen@health.ny.gov
518-474 0535

8. Authorized Official

Mr. Michael A. Saglimbeni
Director, Office of Sponsored Programs
hsringa@healthresearch.org
518-431-1200

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Ayanna Williams
oung5@cdc.gov
404.498.5095

10. Program Official Contact Information

Mr. Phillip D Williams
Project Officer
DVP PPTB
DPZ4@cdc.gov
770-488-0548

Federal Award Information**11. Award Number**

6 NUF2CE002460-03-05

12. Unique Federal Award Identification Number (FAIN)

NUF2CE002460

13. Statutory Authority

Recipient is funded under Category "A" Statutory Authority: 393A(a) of the PHS Act (42 USC § 280b-1b(a))

14. Federal Award Project Title

Rape Prevention and Education

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Notification of a Contractor or Consultant

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 02/01/2021 - **End Date** 01/31/2022**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$1,934,252.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$1,934,252.00

26. Project Period Start Date 02/01/2019 - **End Date** 01/31/2024**27. Total Amount of the Federal Award including Approved**

Cost Sharing or Matching this Project Period

Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-05

FAIN# NUF2CE002460

Federal Award Date: 10/04/2021

Recipient Information**Recipient Name**

HEALTH RESEARCH, INC.
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

Congressional District of Recipient

20

Payment Account Number and Type

1141402155A1

Employer Identification Number (EIN) Data

141402155

Universal Numbering System (DUNS)

153695809

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$380,362.00
b. Fringe Benefits	\$147,924.00
c. Total Personnel Costs	\$528,286.00
d. Equipment	\$0.00
e. Supplies	\$5,301.00
f. Travel	\$8,941.00
g. Construction	\$0.00
h. Other	\$8,674.00
i. Contractual	\$1,286,338.00
j. TOTAL DIRECT COSTS	\$1,837,540.00
k. INDIRECT COSTS	\$96,712.00
l. TOTAL APPROVED BUDGET	\$1,934,252.00
m. Federal Share	\$1,934,252.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-939ZSFL	19NUF2CE002460	CE	41.51	\$0.00	75-21-0952

**DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award****Centers for Disease Control and Prevention**

Award# 6 NUF2CE002460-03-05

FAIN# NUF2CE002460

Federal Award Date: 10/04/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH RESEARCH, INC.

6 NUF2CE002460-03-05

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Consultant/Contract: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract/Consultant(s) below. This approval is in response to the request submitted by your organization dated September 7, 2021.

Consultant Name: Soteria Solutions, Inc.

Contractor 1: Cicatelli Associates, Inc.

Contractor 2: The Retreat, Inc.

Contractor 3: Family Services, Inc.

Contractor 4: Albany County Crime Victime and Sexual Violence Center

Contractor 5: Vera House

Contractor 6: Suicide Prevention and Crisis Services, Inc.

Key Personnel: The purpose of this amendment is to approve the *Principal Investigator/Program Director* change to Bernadette Dolen . This is in response to the request submitted by your organization dated September 13, 2021.

Ayanna Williams, MPA
Grants Management Specialist (GMS)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: AWilliams31@cdc.gov | Phone office: 404-498-5095

Rhonda D. Latimer
Grants Management Officer
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: RDLatimer@cdc.gov | Telephone: 770-488-1647

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-04

FAIN# NUF2CE002460

Federal Award Date: 09/17/2021

Recipient Information**1. Recipient Name**

Health Research Inc. / NYS
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

2. Congressional District of Recipient

20

3. Payment System Identifier (ID)

1141402155A1

4. Employer Identification Number (EIN)

141402155

5. Data Universal Numbering System (DUNS)

153695809

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Ann-Margret Foley
ann-margret.foley@health.ny.gov
518-474-0535

8. Authorized Official

Mr. Michael A. Saglimbeni
Director, Office of Sponsored Programs
hringa@healthresearch.org
518-431-1200

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Ayanna Williams
omg5@cdc.gov
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10. Program Official Contact Information

Mr. Phillip D Williams
Project Officer
DVP PPTB
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770-488-0548

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Rape Prevention and Education

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

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20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$1,934,252.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

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26. Project Period Start Date 02/01/2019 - **End Date** 01/31/2024**27. Total Amount of the Federal Award including Approved**

Cost Sharing or Matching this Project Period

Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-04

FAIN# NUF2CE002460

Federal Award Date: 09/17/2021

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Health Research Inc. / NYS
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

Congressional District of Recipient

20

Payment Account Number and Type

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Employer Identification Number (EIN) Data

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Recipient's Unique Entity Identifier

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Cooperative Agreement

32. Type of Award

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(Excludes Direct Assistance)

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g. Construction	\$0.00
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002460-03-04

FAIN# NUF2CE002460

Federal Award Date: 09/17/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Health Research Inc. / NYS

6 NUF2CE002460-03-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance

The purpose of this Notice of Award amendment is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

Recipient Information**1. Recipient Name**

Health Research, Inc./NYS
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

2. Congressional District of Recipient

20

3. Payment System Identifier (ID)

1141402155A1

4. Employer Identification Number (EIN)

141402155

5. Data Universal Numbering System (DUNS)

153695809

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Ann-Margret Foley
ann-margret.foley@health.ny.gov
518-474-0535

8. Authorized Official

Mr. Michael A. Saglimbeni
Director, Sponsored Programs
hringa@healthresearch.org
518-431-1200

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Ayanna Williams
omg5@cdc.gov
404.498.5095

10. Program Official Contact Information

Mr. Phillip D Williams
Project Officer
DVP PPTB
DPZ4@cdc.gov
770-488-0548

Federal Award Information**11. Award Number**

6 NUF2CE002460-03-01

12. Unique Federal Award Identification Number (FAIN)

NUF2CE002460

13. Statutory Authority

Recipient is funded under Category "A" / Statutory Authority: 393A(a) of the PHS Act (42 USC §
280b-1b(a))

14. Federal Award Project Title

Rape Prevention and Education

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	02/01/2021	- End Date	01/31/2022
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$1,801,265.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$1,801,265.00		
26. Project Period Start Date	02/01/2019	- End Date	01/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,693,949.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

Recipient Information**Recipient Name**

Health Research, Inc./NYS
150 Broadway Ste 560
Menands, NY 12204-2726
[NO DATA]

Congressional District of Recipient

20

Payment Account Number and Type

1141402155A1

Employer Identification Number (EIN) Data

141402155

Universal Numbering System (DUNS)

153695809

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

- I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$380,362.00
b. Fringe Benefits	\$147,924.00
c. Total Personnel Costs	\$528,286.00
d. Equipment	\$0.00
e. Supplies	\$5,301.00
f. Travel	\$8,941.00
g. Construction	\$0.00
h. Other	\$8,674.00
i. Contractual	\$1,160,000.00
j. TOTAL DIRECT COSTS	\$1,711,202.00
k. INDIRECT COSTS	\$90,063.00
l. TOTAL APPROVED BUDGET	\$1,801,265.00
m. Federal Share	\$1,801,265.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
I-939ZSFL	19NUF2CE002460	CE	41.51	\$0.00	75-21-0952

**DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award**

Centers for Disease Control and Prevention

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Health Research, Inc./NYS

6 NUF2CE002460-03-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Contract: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract below. This approval is in response to the request submitted by your organization dated January 20, 2021.

Contractor 1: The Retreat, Inc.

Contractor 2: The NYC Alliance Against Sexual Assault

Contractor 3: Family Services, Inc.

Contractor 4: Albany County Crime Victim and Sexual Violence Center

Contractor 5: Vera House, Inc.

Contractor 6: Suicide Prevention and Crisis Services, Inc.

Contractor 7: Cicatelli Associates, Inc.

Ayanna Williams, MPA
Grants Management Specialist (GMS)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: AWilliams31@cdc.gov | Phone office: 404-498-5095

Rhonda D. Latimer
Grants Management Officer
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: RDLatimer@cdc.gov | Telephone: 770-488-1647