



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 10, 2020

Daniel McCoy
County Executive
112 State Street, Room 710
Albany, New York 12207
County of Albany

Re: Early Intervention Administration

Dear Daniel McCoy:

This is to inform you of the New York State Department of Health's intent to provide an increase in funding to your Early Intervention Administration (EI ADMIN) contract. This increase is in response to the recent Public Health Law amendment and subsequent regulatory change to 10 NYCRR subpart 67-1, which updated the definition of "elevated blood lead level." The funding amount for year four will be \$135,987 and for year five will be \$143,032, bringing your full contract award amount to \$623,572 for the contract period of October 1, 2016 to September 30, 2021. This amendment is contingent upon approval of the New York State Office of the State Comptroller (OSC) and availability of funds.

This award is conditioned on the requirements specified on the enclosed Contract Amendment Submission Checklist. Please refer to this Contract Amendment Checklist to ensure correct submission of all documents required to process the amendment by the due dates indicated.

Please email completed administrative and budget forms by **April 27, 2020** to dfh.boa@health.ny.gov. Forms that require a signature should be scanned and sent as a pdf. All other forms should be in the same format as you have received them. Indicate your contract number (C31617GG) in the subject line of the email.

The estimated Time Frame to complete this contract amendment is as follows:

Required Process Step	Responsible	Time Frame
Contract Information Requested (PM) – upon award of the contract the Grantee must log into the Grants Gateway (GG) and complete the expenditure budget as instructed in the attached "Contract Submission Checklist". This document also provides instruction on how all required supporting documents are to be submitted. For future reference, the checklist has also been uploaded to the Grantee Document Folder located under the Forms Menu in the GG. When this step is completed, the Grantee MUST change the status to Contract Information Submitted.	Grantee	4/27/20
Program Manager Review – Grantee has completed requested administrative and budget modification forms and submitted the Budget Modification Form to dfh.boa@health.ny.gov	State Agency	5/4/20
Contract Manager Review - PM has reviewed and approved the submitted Administrative and Budget Modification Forms to the Contract Manager (CM) and advanced to the CM for final review.	State Agency	5/18/20