

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address): NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210	BUSINESS UNIT/DEPT. ID: OLS01 1350200 CONTRACT NUMBER: C2ND601 CONTRACT TYPE: <input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
CONTRACTOR SFS PAYEE NAME: Albany, County of	TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment
CONTRACTOR DOS INCORPORATED NAME:	PROJECT NAME: Second Upstate Quality Improvement and Caseload Reduction
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563 DUNS Number (if applicable):	AGENCY IDENTIFIER: CFDA NUMBER (Federally funded grants only):
CONTRACTOR PRIMARY MAILING ADDRESS: County of Albany Public Defender's Office 60 South Pearl Street, 4th Floor Albany, NY 12207 CONTRACTOR PAYMENT ADDRESS: <input type="checkbox"/> Check if same as primary mailing address County of Albany Dept. of Management and Budget 112 State Street, Suite 900 Albany, NY 12207 CONTRACTOR MAILING ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: 010100000000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit Charities Registration Number: Exemption Status/Code: <input type="checkbox"/> Sectarian Entity

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CURRENT CONTRACT TERM: From: July 1, 2017 To: June 30, 2020 CURRENT CONTRACT PERIOD: AMENDED TERM: From: July 1, 2017 To: June 30, 2021 AMENDED PERIOD: From: July 1, 2020 To: June 30, 2021	CONTRACT FUNDING AMOUNT <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount):</i> CURRENT: \$300,000.00 AMENDED: FUNDING SOURCE(S): <div style="display: flex; align-items: flex-start;"> <input checked="checked" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other </div>			
FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT: (Out years represent projected funding amounts)				
#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				
ATTACHMENTS PART OF THIS AGREEMENT: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"> <input type="checkbox"/> Attachment A: </div> <div style="width: 70%;"> <input type="checkbox"/> A-1 Program-Specific Terms and Conditions <input type="checkbox"/> A-2 Federally Funded Grants and Requirement Mandated by Federal Laws </div> <div style="width: 30%;"> <input type="checkbox"/> Attachment B: </div> <div style="width: 70%;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> B-1 Expenditure Based Budget <input type="checkbox"/> B-3 Capital 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) </div> <div> <input type="checkbox"/> B-2 Performance Based Budget <input type="checkbox"/> B-4-Net Deficit Budget </div> </div> </div> <div style="width: 30%;"> <input type="checkbox"/> Attachment C: Work Plan </div> <div style="width: 70%;"> <input type="checkbox"/> Attachment D: Payment and Reporting Schedule </div> <div style="width: 30%;"> <input type="checkbox"/> Other: </div> </div>				

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

By: _____

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

(N/A)

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____