

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address):</p> <p>NYS Department of Health Bur. of Community Environmental Health & Food Protection Empire State Plaza, Corning Tower Bldg., Room 1395 Albany, NY 12237</p>	<p>BUSINESS UNIT/DEPT. ID: 3450000</p> <p>CONTRACT NUMBER: C030513</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>Albany County Department of Health</p>	<p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p>Healthy Neighborhoods Program</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 146002563 DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally Funded Grants Only):</p> <p>93.991</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>175 Green Street Albany, NY 12202</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input type="checkbox"/> Check if same as primary mailing address</p> <p>112 State Street, Room 1030 Albany, NY 12207</p> <p>CONTRACT MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: 01-0100000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

Contract Number: # C030513

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM:</p> <p>From: 07/01/2015 To: 03/31/2021</p> <p>CURRENT CONTRACT PERIOD:</p> <p>From: 07/01/2015 To: 03/31/2021</p> <p>AMENDED TERM:</p> <p>From: 07/01/2015 To: 03/31/2022</p> <p>AMENDED PERIOD:</p> <p>From: 04/01/2021 To: 03/31/2022</p>	<p>CONTRACT FUNDING AMOUNT <i>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</i></p> <p>CURRENT: \$ 1,558,672</p> <p>AMENDED: \$ 1,822,012</p> <p>FUNDING SOURCE(S)</p> <p> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other </p>
---	--

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	07/01/15-03/31/16	\$ 216,562		
2	04/01/16-03/31/17	\$ 288,750		
3	04/01/17-03/31/18	\$ 263,340		
4	04/01/18-03/31/19	\$ 263,340		
5	04/01/19-03/31/21	\$ 526,680	04/01/19 - 3/31/22	\$ 790,020

ATTACHMENTS PART OF THIS AGREEMENT:

- | | |
|--|--|
| <input type="checkbox"/> Attachment A:

<input checked="" type="checkbox"/> Attachment B:

<input checked="" type="checkbox"/> Attachment C: Work Plan
<input type="checkbox"/> Attachment D: Payment and Reporting Schedule
<input type="checkbox"/> Other: | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A-1 Program Specific Terms and Conditions
 <input type="checkbox"/> A-2 Federally Funded Grants and Requirements Mandated by Federal Laws </div> <div> <input type="checkbox"/> B-1 Expenditure Based Budget
 <input type="checkbox"/> B-3 Capital Budget
 <input checked="" 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> |
|--|--|

Contract Number: # C030513