

**STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE**

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|---|---|
| <p>STATE AGENCY (Name &amp; Address):<br/>         NYS Office of Indigent Legal Services<br/>         A. E. Smith Building, 11th Floor<br/>         80 South Swan Street<br/>         Albany, NY 12210</p>  | <p>BUSINESS UNIT/DEPT. ID: OLS01 - 1350200<br/>         CONTRACT NUMBER: C4TH601<br/>         CONTRACT TYPE (select one):<br/> <input type="checkbox"/> Multi-Year Agreement<br/> <input type="checkbox"/> Simplified Renewal Agreement<br/> <input checked="" type="checkbox"/> Fixed Term Agreement</p>   |
| <p>CONTRACTOR NAME:<br/>         Albany, County of</p>  | <p>TRANSACTION TYPE:<br/> <input type="checkbox"/> New<br/> <input type="checkbox"/> Renewal (list periods):<br/> <input checked="" type="checkbox"/> Amendment (list periods):</p>   |
| <p>CONTRACTOR IDENTIFICATION NUMBERS:<br/>         NYS Vendor ID Number: 1000002428<br/>         Federal Tax ID Number: 14-6002563</p>  | <p>PROJECT NAME:<br/>         FOURTH UPSTATE QUALITY IMPROVEMENT AND<br/>         CASELOAD REDUCTION<br/>         ASSISTANCE LISTINGS (formerly CFDA)<br/>         NUMBER (ALN) (Federally Funded Grants Only):</p>   |
| <p>CONTRACTOR PRIMARY MAILING ADDRESS:<br/>         County of Albany<br/>         Public Defender's Office<br/>         112 State Street, 2nd Floor<br/>         Albany, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:<br/> <input type="checkbox"/> Check if same as primary mailing address</p> <p>Albany County<br/>         Dept. of Management and Budget<br/>         112 State Street, Room 1200<br/>         Albany, NY 12207</p> <p>CONTRACT MAILING ADDRESS:<br/> <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS:<br/>         Daniel.McCoy@albanycountyny.gov</p> | <p>CONTRACTOR STATUS:<br/> <input type="checkbox"/> For Profit<br/> <input checked="" type="checkbox"/> Municipality<br/> <input type="checkbox"/> Tribal Nation<br/> <input type="checkbox"/> Individual<br/> <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:<br/>         Exemption Status/Code: 10100000000</p> <p><input type="checkbox"/> Sectarian Entity</p> |



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

CONTRACTOR:  
Albany, County of

STATE AGENCY:

NYS Office of Indigent Legal Services

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Patricia J. Warth  
Printed Name

Title: \_\_\_\_\_

Title: Director - Office of Indigent Legal Services

Date: \_\_\_\_\_

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

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_