

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

<p><b>STATE AGENCY (Name &amp; Address):</b></p> <p>New York State Governor's Traffic Safety Committee 6 Empire State Plaza, Room 410B Albany, NY 12228</p>	<p><b>BUSINESS UNIT/DEPT. ID:</b> DMV01/3700393</p> <p><b>CONTRACT NUMBER:</b> T006916</p> <p><b>CONTRACT TYPE:</b></p> <p><input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p><b>CONTRACTOR SFS PAYEE NAME:</b></p> <p>ALBANY COUNTY OF</p>	<p><b>TRANSACTION TYPE:</b></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment</p>
<p><b>CONTRACTOR DOS INCORPORATED NAME:</b></p>	<p><b>PROJECT NAME:</b></p> <p>Child Passenger Safety Program - CPS</p>
<p><b>CONTRACTOR IDENTIFICATION NUMBERS:</b></p> <p>NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 146002563 DUNS Number (if applicable): 060536653</p>	<p><b>AGENCY IDENTIFIER:</b></p> <p>CPS-2023-Albany TSB-00027-(001)</p> <p><b>CFDA NUMBER (Federally Funded Grants Only):</b> 20.616</p>
<p><b>CONTRACTOR PRIMARY MAILING ADDRESS:</b></p> <p>112 STATE STREET ALBANY, NY 12207</p> <p><b>CONTRACTOR PAYMENT ADDRESS:</b></p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address 112 STATE STREET ALBANY, NY 12207</p> <p><b>CONTRACT MAILING ADDRESS:</b></p> <p><input type="checkbox"/> Check if same as primary mailing address 449 NEW SALEM ROAD VOORHESVILLE, NY 12186</p>	<p><b>CONTRACTOR STATUS:</b></p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality. Code: 010100000 000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p><b>Charities Registration Number:</b></p> <p><b>Exemption Status/Code:</b></p> <p><input type="checkbox"/> Sectarian Entity</p>

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<p><b>CURRENT CONTRACT TERM:</b></p> <p>From: 10/01/2022                      To: 09/30/2023</p> <p><b>CURRENT CONTRACT PERIOD:</b></p> <p>From: 10/01/2022                      To: 09/30/2023</p> <p><b>AMENDED TERM:</b></p> <p>From:    To:</p> <p><b>AMENDED PERIOD:</b></p> <p>From:    To:</p>	<p><b>CONTRACT FUNDING AMOUNT:</b></p> <p><i>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</i></p> <p><b>CURRENT:</b>        \$39,000</p> <p><b>AMENDED:</b></p> <p><b>FUNDING SOURCE(S)</b></p> <p><input type="checkbox"/> State</p> <p><input checked="" type="checkbox"/> Federal</p> <p><input type="checkbox"/> Other</p>
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**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:**

- Attachment A:
  - A-1 Program Specific Terms and Conditions
  - A-2 Federally Funded Grants and Requirements Mandated by Federal Laws
  
- Attachment B:
  - B-1 Expenditure Based Budget                       B-2 Performance Based Budget
  - B-3 Capital Budget     B-4 Net Deficit Budget
  - B-1(A) Expenditure Based Budget (Amendment)
  - B-2(A) Performance Based Budget (Amendment)
  - B-3(A) Capital Budget (Amendment)
  - B-4(A) Net Deficit Budget (Amendment)
  
- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other: