

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

<p>STATE AGENCY (Name &amp; Address):</p> <p><b>NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210</b></p>	<p>BUSINESS UNIT/DEPT. ID: <b>OLS01 1350200</b></p> <p><b>CONTRACT NUMBER: CAFA301</b></p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> <b>Multi-Year Agreement</b></p> <p><input type="checkbox"/> Simplified Renewal Agreement</p> <p><input type="checkbox"/> Fixed Term Agreement</p>
<p><b>CONTRACTOR SFS PAYEE NAME:</b></p> <p><b>Albany, County of</b></p>	<p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input checked="" type="checkbox"/> <b>Amendment</b></p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p><b>Third Counsel at First Appearance</b></p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p><b>NYS Vendor ID Number: 1000002428</b></p> <p><b>Federal Tax ID Number: 14-6002563</b></p> <p>DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally funded grants only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>County of Albany Public Defender's Office 60 South Pearl Street, 4th Floor Albany, NY 12207</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input type="checkbox"/> Check if same as primary mailing address</p> <p>County of Albany Dept. of Management and Budget 112 State St., Room 900 Albany, NY 12207</p> <p>CONTRACTOR 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</p> <p><input checked="" type="checkbox"/> <b>Municipality, Code: 010100000000</b></p> <p><input type="checkbox"/> Tribal Nation</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

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<p><b>CURRENT CONTRACT TERM:</b></p> <p><b>From: January 1, 2020</b> <b>To: December 31, 2022</b></p> <p>CURRENT CONTRACT PERIOD:</p> <p><b>AMENDED TERM:</b></p> <p>From: January 1, 2020 To: December 31, 2023</p> <p><b>AMENDED PERIOD:</b></p> <p>From: January 1, 2023 To: December 31, 2023</p>	<p><b>CONTRACT FUNDING AMOUNT</b> (<i>Multi-year</i> – enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> – enter current period amount):</p> <p><b>CURRENT: \$749,700.00</b></p> <p>AMENDED:</p> <p>FUNDING SOURCE(S):</p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <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 Requirement 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)
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- Attachment C: Work Plan
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- Attachment D: Payment and Reporting Schedule
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- Other:

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:

NYS Office of Indigent Legal Services

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

Patricia J. Warth

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: \_\_\_\_\_