STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):

NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229

BUSINESS UNIT/DEPT.ID: OMH01/3650000

CONTRACT NUMBER: C012345/1

CONTRACT TYPE:
- ☐ Multi-Year Agreement
- ☐ Simplified Renewal Agreement
- ☑ Fixed-Term Agreement

CONTRACTOR SFS PAYEE NAME:

Faith Based Community, Inc.

TRANSACTION TYPE:
- ☐ New
- ☐ Renewal
- ☑ Amendment

CONTRACTOR DOS INCORPORATED NAME:

Faith-Based Community, Inc., The

PROJECT NAME:

Program Development Grant

CONTRACTOR IDENTIFICATION NUMBERS:

NYS Vendor ID Number: 1000009999
Federal Tax ID Number: 123456789
DUNS Number (if applicable): 987654321

AGENCY IDENTIFIER:

CFDA NUMBER (Federally Funded Grants Only):

CONTRACTOR PRIMARY MAILING ADDRESS:

1 Main Street
Anytown, NY 12000

CONTRACTOR PAYMENT ADDRESS:
- ☑ Check if same as primary mailing address

CONTRACT MAILING ADDRESS:
- ☑ Check if same as primary mailing address

CONTRACTOR STATUS:
- ☐ For Profit
- ☐ Municipality, Code:
- ☐ Tribal Nation
- ☐ Individual
- ☑ Not-for-Profit

Charities Registration Number:

Exemption Status/Code: EPTL 5

- ☐ Sectarian Entity

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CURRENT CONTRACT TERM:

From: 1/1/2015 To: 12/31/2015

CURRENT CONTRACT PERIOD:

From: 1/1/2015 To: 12/31/2015

AMENDED TERM:

From: To:

AMENDED PERIOD:

From: To:

CONTRACT FUNDING AMOUNT
(*Multi-year* – enter total projected amount of the contract; *Fixed Term/Simplified Renewal* – enter current period amount):

CURRENT: $ 500,000

AMENDED: $ 550,000

FUNDING SOURCE(S)

- [x] State
- [ ] Federal
- [ ] Other

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
- [x] 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)
  - [x] B-4 (A) Net Deficit Budget (Amendment)
- [x] Attachment C: Work Plan
- [x] Attachment D: Payment and Reporting Schedule
- [ ] Other:
  - [ ] Attachment A-1(a) MWBE and EEO Requirements
    - [ ] Exhibit 1: MWBE Utilization Plan
    - [ ] Exhibit 2: MWBE Request for Waiver
    - [ ] Exhibit 3: MWBE Compliance Report
    - [ ] Exhibit 4: EEO Workforce Utilization Report
  - [ ] Attachment A-2(a): Shelter Plus Care Regulations
  - [ ] Attachment E: OMH Contract Certification
  - [ ] Attachment F: Business Associate Agreement
  - [ ] Attachment G: Project Bank Account

Riders:

- [ ] Non-Licensed Program Rider with Certification of Compliance (Exhibit A)
- [ ] Residential Program Rider
- [ ] Assisted Outpatient Treatment Rider
- [ ] Community Projects Fund Rider
- [ ] HCBS Waiver