STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):	BUSINESS UNIT/DEPT.ID:			
NYS Office of Mental Health 44 Holland Avenue Albany, NY 12229	CONTRACT NUMBER: CONTRACT TYPE: Multi-Year Agreement Simplified Renewal Agreement Fixed-Term Agreement			
CONTRACTOR SFS PAYEE NAME:	TRANSACTION TYPE: New Renewal Amendment			
CONTRACTOR DOS INCORPORATED NAME:	PROJECT NAME:			
CONTRACTOR IDENTIFICATION NUMBERS:	AGENCY IDENTIFIER:			
NYS Vendor ID Number: Federal Tax ID Number: DUNS Number (if applicable):	CFDA NUMBER (Federally Funded Grants Only):			
CONTRACTOR PRIMARY MAILING ADDRESS:	CONTRACTOR STATUS:			
CONTRACTOR PAYMENT ADDRESS: Check if same as primary mailing address	For Profit Municipality, Code: Tribal Nation Individual Not-for-Profit Charities Registration Number:			
	Exemption Status/Code:			
CONTRACT MAILING ADDRESS: Check if same as primary mailing address	Sectarian Entity			

Contract Number: #

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	STATE OF NEW Y	ORK MASTER CO						
CURRENT CONTRACT TERM:			CONTRACT FUNDING AMOUNT					
Erom	To:	T		(Multi-year – enter total projected amount of the contract;				
From: To:			Fixed Term/Simplified Renewal – enter current period amount):					
CURRENT CO	NTRACT PERIOD:		ann	ount).				
COMMENT CONTINUE LEMOD.			CURRENT:					
From:	rom: To:							
			AMENDED:					
AMENDED TERM:			EVALUATION OF CONTRACTORS					
			FUNDING SOURCE(S)					
From: To:				State				
AMENDED PERIOD:			Federal					
AMENDED FERIOD.			Other					
From: To:								
	EAR AGREEMENTS ON		ERIO	D AND FUNDI	NG AMO	UNT:		
	esent projected funding a		·					
#	CURRENT PERIOD	CURRENT AMOU	NT	AMENDED P	ERIOD	AMENDED AMOUNT		
1								
3								
4								
5								
	L TS PART OF THIS AGI	<u> </u> REFMENT:						
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Attachment A: A-1 Program Specific Terms and Conditions						S		
\mathcal{E}				y Funded Grants				
Attachme	ent B:	D 1 E 1		0 10 1	D			
•				ture 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				It Duuget (Ame	nument)			
	ent D: Payment and Rep	orting Schedule						
Other:				D: 1				
A ++ a = 1=	mont A 1(a) MUVDE and	EEO Daguiramanta		Riders:	Non Lies	ngad Dragram Didar with		
	ment A-1(a) MWBE and					nsed Program Rider with		

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

Certification of Compliance (Exhibit A)

Residential Program Rider

Assisted Outpatient Treatment Rider Community Projects Fund Rider

HCBS Waiver

Contract Number: #

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