

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

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

