

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: 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: NYS Vendor ID Number: Federal Tax ID Number: DUNS Number (if applicable):	AGENCY IDENTIFIER: CFDA NUMBER (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS: 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: Sectarian Entity

Contract Number: #

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Master Grant Contract, Face Page

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CURRENT CONTRACT TERM: From: To: CURRENT CONTRACT PERIOD: From: To: AMENDED TERM: From: To: AMENDED PERIOD: From: To:	CONTRACT FUNDING AMOUNT <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount):</i> CURRENT: AMENDED: FUNDING SOURCE(S) State Federal Other
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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:

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| <p>Attachment A:</p> <p>Attachment B:</p> <p>Attachment C: Work Plan</p> <p>Attachment D: Payment and Reporting Schedule</p> <p>Other:</p> | <p>A-1 Program Specific Terms and Conditions</p> <p>A-2 Federally Funded Grants</p>
<p>B-1 Expenditure Based Budget B-2 Performance Based Budget</p> <p>B-3 Capital Budget B-4 Net Deficit Budget</p> <p>B-1 (A) Expenditure Based Budget (Amendment)</p> <p>B-2 (A) Performance Based Budget (Amendment)</p> <p>B-3 (A) Capital Budget (Amendment)</p> <p>B-4 (A) Net Deficit Budget (Amendment)</p>
<p>Riders:</p> |
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- | | |
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| <p>Attachment A-1(a) MWBE and EEO Requirements</p> <p>Exhibit 1: MWBE Utilization Plan</p> <p>Exhibit 2: MWBE Request for Waiver</p> <p>Exhibit 3: MWBE Compliance Report</p> <p>Exhibit 4: EEO Workforce Utilization Report</p> <p>Attachment A-2(a): Shelter Plus Care Regulations</p> <p>Attachment E: OMH Contract Certification</p> <p>Attachment F: Business Associate Agreement</p> <p>Attachment G: Project Bank Account</p> | <p>Non-Licensed Program Rider with
 Certification of Compliance (Exhibit A)</p> <p>Residential Program Rider</p> <p>Assisted Outpatient Treatment Rider</p> <p>Community Projects Fund Rider</p>
<p>HCBS Waiver</p> |
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