STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):	BUSINESS UNIT/DEPT. ID:	
, , ,		
	CONTRACT NUMBER:	
	Convincion ivolublis.	
	CONTRACT TYPE:	
	'Multi-Year Agreement	
	'Simplified Renewal Agreement	
	'Fixed Term Agreement	
CONTRACTOR SFS PAYEE NAME:	TRANSACTION TYPE:	
001/11/2010/10/10/10/10/10/10/10/10/10/10/10/10/	"New	
	'Renewal	
	"Amendment	
CONTRACTOR DOS INCORPORATED NAME:	PROJECT NAME:	
	THOUSET THINSE.	
CONTRACTOR IDENTIFICATION NUMBERS:	AGENCY IDENTIFIER:	
CONTRACTOR IDENTIFICATION NUMBERS.	AGENCI IDENTIFIEK.	
NIVON 1 IDN 1		
NYS Vendor ID Number:		
Federal Tax ID Number:		
DUNS Number (if applicable):	CFDA NUMBER (Federally Funded Grants Only):	
CONTRACTOR PRIMARY MAILING ADDRESS:	CONTRACTOR STATUS:	
	'For Profit	
	'Municipality, Code:	
	'Tribal Nation	
CONTRACTOR PAYMENT ADDRESS: """""""""""""""""""""""""""""""""""	""""""""""Individual	
'Check if same as primary mailing address '''''''''''''''''''''''''''''''''''	"""""""""Not-for-Profit	
	Charities Registration Number:	
CONTRACT MAILING ADDRESS:	Exemption Status/Code:	
'Check if same as primary mailing address		
	'Sectarian Entity	
	Deciminal Elliny	

Contract Number: #
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From: To: CURRENT CONTRACT PERIOD: From: To: AMENDED: From: To: AMENDED TERM: From: To: AMENDED TERM: From: To: State AMENDED PERIOD: FUNDING SOURCE(S) From: To: State From: To: Other From: To: AMENDED PERIOD: FUNDING AMOUNT: (Out years represent projected funding amounts) # CURRENT PERIOD CURRENT AMOUNT AMENDED PERIOD AMENDED AMOUNT: (Out years represent projected funding amounts) # CURRENT PERIOD CURRENT AMOUNT AMENDED PERIOD AMENDED AMOUNT: (Out years represent projected funding amounts) # ATTACHMENTS PART OF THIS AGREEMENT: Attachment A: A-1 Program Specific Terms and Conditions A-2 Federally Funded Grants Attachment B: B-1 Expenditure Based Budget B-3 Capital Budget B-1(A) Expenditure Based Budget (Amendment) B-2(A) Performance Based Budget (Amendment) B-3(A) Capital Budget (Amendment) Attachment C: Work Plan Attachment D: Payment and Reporting Schedule Other:	CURRENT CONTRACT TERM:			CONTRACT FUNDING AMOUNT			
CURRENT CONTRACT PERIOD: From: To: AMENDED TERM: From: To: AMENDED PERIOD: From: To: 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	From:	To:		contract; Fixed Term/Simplified Renewal - enter			
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2	#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT		
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