STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):	BUSINESS UNIT/DEPT. ID:
	CONTRACT NUMBER:
	CONTRACT TYPE (select one): Multi-Year Agreement Simplified Renewal Agreement Fixed Term Agreement
CONTRACTOR NAME:	TRANSACTION TYPE: New Renewal (list periods): Amendment (list periods):
CONTRACTOR IDENTIFICATION NUMBERS:	PROJECT NAME:
NYS Vendor ID Number: Federal Tax ID Number:	ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS:	CONTRACTOR STATUS:
CONTRACTOR PAYMENT ADDRESS:	 For Profit Municipality Tribal Nation Individual Not-for-Profit Charities Registration Number: Exemption Status/Code:
CONTRACT MAILING ADDRESS:	Sectarian Entity
CONTRACTOR PRIMARY E-MAIL ADDRESS:	

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CURRENT CONTRAC	T TERM:	CONTRACT FUNDING AMOUNT
		(Fixed Term - enter current period amount;
From:	To:	Simplified Renewal - enter cumulative amount
		to date; Multi-year - enter total projected
		amount of the contract):
AMENDED TERM:		
		CURRENT:
From:	To:	
		AMENDED:
		FUNDING SOURCE(S)
		State
		Federal
		Other
ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):		
Appendix A		
Attachment A:	A-l Agency Specific Terms and Conditions	
	A-2 Program Spo	ecific Terms and Conditions
	A-3 Federally Fu	unded Grants and Requirements Mandated
	by Federal 1	
Attachment B:	B-1 Expenditure Based Budget	
	B-2 Performance Based Budget	
	B-3 Capital Budget	
B-4 Net Deficit Budget		
B-l(A) Expenditure Based Budget (Amendment)		
	B-2(A) Performance Based Budget (Amendment)	
	B-3(A) Capital Budget (Amendment)	
	B-4(A) Net Defi	cit Budget (Amendment)
Attachment C: Work Plan		
Attachment D: Payment and Reporting		
Other:		