

STATE AGENCY: Office of Children and Family Services 52 Washington Street Rensselaer, New York 12144	NYS COMPTROLLER'S ORIGINATING AGENCY CODE: 3400000
CONTRACTOR: CONTRACTOR	TYPE OF PROGRAM(S): TRAINING
CHARITIES REGISTRATION NUMBER Number If EXEMPT provide Reason: _____ Contractor <input checked="" type="checkbox"/> has / <input type="checkbox"/> has not timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports.	CONTRACT PERIOD:
FEDERAL TAX IDENTIFICATION #: NUMBER NYS Vendor ID # NUMBER	From: To:
MUNICIPALITY NUMBER: N/A	FUNDING AMT FOR PERIOD: Reimb Amount
STATUS: Contractor <input type="checkbox"/> is / <input checked="" type="checkbox"/> is not a sectarian entity. Contractor <input checked="" type="checkbox"/> is / <input type="checkbox"/> is not a not-for-profit organization.	MULTI-YEAR TERM (if applicable):

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

Revised 2/15

- NEW YORK STATE AGREEMENT** (10/14)
- APPENDIX A** (1/14) – Standard Clauses as required by the Attorney General for all State contracts.
- APPENDIX A-1** (10/12) - Agency Specific Clauses.
- APPENDIX A-2** (1/14) - Program Specific Clauses
- APPENDIX A-3** (6/11) - Federal Assurances and Certifications
- APPENDIX M/WBE** (12/14)-Minority and Woman-Owned Business Enterprises
- APPENDIX B** (11/05) - Budget
- APPENDIX C** (12/12) - Payment and Reporting Schedule
- APPENDIX D** - Program Work plan
- APPENDIX X** (4/03) - Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period for renewal periods).
- Non Discrimination/Non-Sectarian Compliance**

CONTRACT NO.: _____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR	STATE AGENCY
Contractor:	Office of Children and Family Services
By:	By:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:
	<u>State Agency Certification</u> "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

NOTARIZATION FOR CONTRACTOR:

A. NOT-FOR-PROFIT CORPORATION:

STATE OF NEW YORK)
) SS.:
 County of _____)

On _____ day of, _____ 20 _____ before me personally appeared _____, to me known, who being by me duly sworn, did depose that he/she resides at _____ that he/she is the _____ of the _____ the corporation described herein which executed the foregoing instrument, and that he/she signed his/her name thereto by order of the board of directors of said not-for-profit corporation.

_____ (Notary)

My Commission expires: _____

ATTORNEY GENERAL'S SIGNATURE

Approved: Thomas P. DiNapoli, Comptroller

 Title: _____
 Date: _____

 By: _____
 Date: _____