

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):	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 NationIndividualNot-for-Profit Charities Registration Number: Exemption Status/Code: "Sectarian Entity

Contract Number: # _____

