

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 Nation 'Individual 'Not-for-Profit Charities Registration Number: Exemption Status/Code: 'Sectarian Entity

Contract Number: # _____

