NEW YORK STATE AGREEMENT

CONTRACT FACE PAGE

STATE AGENCY
New York State Department of State
One Commerce Plaza, 99 Washington Avenue
Albany, New York 12231

BOX 6
NYS CONTRACT NUMBER:

ORIGINATING AGENCY CODE: 19000

BOX 1 - CONTRACTOR (Name and Business Address)

TYPE OF PROGRAM:
Legislative Member Initiative
State 100 % Federal 0 %

FEDERAL FUNDS CFDA #: N/A

BOX 2 - FEDERAL TAX ID NUMBER
__ __ __ __ __ __ __ __ __

INITIAL CONTRACT PERIOD:
FROM: 04/01/2009 TO: 07/31/2011

MUNICIPAL CODE #
__ __ __ __ __ __ __ __ __ __ __ __

MULTI-YEAR TERM: N/A
FROM: TO:

BOX 3 - STATUS
Sectarian entity? Yes ☐ No ☐
Not-for-profit organization? Yes ☐ No ☐

BOX 7 - CONTRACT AMOUNT:
$

BOX 4 - CHARITIES REGISTRATION NUMBER __ __ - __ __ - __ __ / **EXEMPTION** (E-2) - __ __
ESTATES, POWERS AND TRUSTS LAWS REPORTING EXEMPTION (E-3) - __ __

BOX 5 - If you did not claim an exemption to both of the items in Box 4, you must check the applicable response in the following:
Contractor has ☐ / has not ☐ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports.

APPENDICES ATTACHED TO AND PART OF THIS AGREEMENT

APPENDIX A: Standard Clauses as Required by the Attorney General for all State Contracts
APPENDIX A1: Agency-specific Clauses
APPENDIX B: Budget
APPENDIX C: Payment and Reporting Schedule
APPENDIX D: Program Workplan
APPENDIX E: Charities Bureau Registration and Reporting Exemptions
APPENDIX F: Notices
APPENDIX G: Electronic Payments
APPENDIX X: Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)