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STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY: NYS Department of State One Commerce Plaza 99 Washington Avenue – Suite 1010 Albany, NY 12231	BUSINESS UNIT/DEPT ID: DOS01/3800000 CONTRACT NUMBER: C1002416 CONTRACT TYPE: <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement
CONTRACTOR SFS PAYEE NAME: ENDICOTT VILLAGE OF	TRANSACTION TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
CONTRACTOR DOS INCORPORATED NAME: n/a	PROJECT NAME: Improve Connectivity Throughout the Downtown for Pedestrians and Bicyclists
CONTRACTOR IDENTIFICATION NUMBERS: NYS VENDOR ID Number: 1000002989 Federal Tax ID Number: 15-6001306 DUNS Number (if applicable): n/a	AGENCY IDENTIFIER: 12-DRI5-4 (ST) CFDA NUMBER (Federally Funded Grants Only): n/a
CONTRACTOR PRIMARY MAILING ADDRESS: Village of Endicott 1009 East Main Street Endicott, NY 13760 CONTRACTOR PAYMENT ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address CONTRACTOR MAILING ADDRESS <input checked="" type="checkbox"/> Check if same as primary mailing address	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit Charities Registration Number: n/a Exemption Status/Code: 3A/02 <input type="checkbox"/> Sectarian Entity

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<p>CURRENT CONTRACT TERM: FROM: 10/1/2023 TO: 9/30/2028</p> <p>CURRENT CONTRACT PERIOD: FROM: 10/1/2023 TO: 9/30/2028</p> <p>AMENDED TERM: FROM: TO:</p> <p>AMENDED PERIOD: FROM: TO:</p>	<p>CONTRACT FUNDING AMOUNT: <i>(Multi-year – enter total projected amount of the contract; Fixed Term/Simplified Renewal – enter current period amount)</i></p> <p>CURRENT: \$3,156,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCES: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>			
<p>FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT: (Out years represent projected funding amounts)</p>				
#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				
<p>ATTACHMENTS PART OF THIS AGREEMENT:</p> <p><input checked="" type="checkbox"/> Attachment A:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> A-1 Program Specific Terms and Conditions <input type="checkbox"/> A-2 Federally Funded Grants</p> <p><input checked="" type="checkbox"/> Attachment B:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> B-1 Expenditure Based Budget <input type="checkbox"/> B-2 Performance Based Budget <input type="checkbox"/> B-3 Capital Budget <input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment) <input type="checkbox"/> B-2(A) Performance Based Budget (Amendment) <input type="checkbox"/> B-3(A) Capital Budget (Amendment)</p> <p><input checked="" type="checkbox"/> Attachment C: Work Plan <input checked="" type="checkbox"/> Attachment D: Payment and Reporting Schedule <input type="checkbox"/> Other:</p>				