

## NYS MASTER CONTRACT FOR GRANTS

### INSTRUCTIONS FOR COMPLETING FACE PAGE:

#### SIMPLIFIED RENEWAL CONTRACT RENEWAL

##### RENEWALS – YEAR TWO (and subsequent years)

For Simplified Renewal contracts, each new period must be developed, processed and formally approved by the Office of the State Comptroller.

- *Contract Type* – Simplified Renewal.
- *Transaction Type* – Renewal.
- *Current Contract Term From* and *To* dates are the start and end dates of the entire contract.
  - Enter in 10-character format: mm/dd/yyyy.
  - *Current Contract Period* includes the start and end dates of the new contract period (e.g., the Term may be for three years, but the 2nd-year period is for the second twelve months).
- *In the Contract Funding Amount* - Enter the amount allocated for the second period of the contract in the *Current* field. Enter numbers only – the field is formatted to insert currency punctuation.
  - Note that the Budget and the scope of the Work Plan should encompass the anticipated expenditures and work to be performed during the second period.
- A new Budget, Work Plan and Payment and Reporting Schedule should be developed and executed for the Renewal.
- For the remaining years of the overall contract term, the same procedure would be followed.
- Attachments – Only those Attachments affected by the renewal should be included with the face page. *Terms and Conditions* are not affected by renewals.
  - *Attachments A-1* and /or *A-2* should be included if language has changed since the previous renewal was processed.
  - The appropriate version of *Attachment B* should be included.
  - *Attachment C, Work Plan* should be included to reflect the scope of work for the renewal.
  - *Attachment D, Payment and Reporting Schedule* should be included to reflect the schedule for the renewal period, if applicable.

**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 .....	CONTRACTOR STATUS:  'For Profit 'Municipality, Code: 'Tribal Nation 'Individual 'Not-for-Profit  Charities Registration Number:  Exemption Status/Code:  'Sectarian Entity
CONTRACT MAILING ADDRESS: 'Check if same as primary mailing address	

Contract Number: # \_\_\_\_\_

