

## NYS MASTER CONTRACT FOR GRANTS

### INSTRUCTIONS FOR COMPLETING FACE PAGE:

#### SIMPLIFIED RENEWAL CONTRACT AMENDMENT

#### AMENDMENTS

A change to the overall contract term, or to the time or cost within a renewal period, would require a formal Amendment.

- *Contract Type* remains Simplified Renewal .
- *Transaction Type* becomes Amendment.
- *Current Contract Term* – use the most recently approved Contract Term.
- *Current Contract Period* – Use the most recently approved dates for the Period you are amending.
- *Amended Term* – Leave blank unless contemplating a change to the overall term of the contract. Otherwise, use the initial start date and the new end date.
- *Amended Period* - Leave blank unless contemplating a change to the period which you are amending, Otherwise, enter the start date of the active period, and the new end date.
- *Contract Funding Amount* - Enter the amount allocated for the current period of the contract in the *Current* field. If the budget for the period is being changed, enter the new amount for the period in the *Amended* field.
- Attachments – Only those Attachments affected by the amendment should be included with the face page. *Terms and Conditions* are not affected by routine time or cost amendments.
  - *Attachments A-1* and /or *A-2* should be included if the amendment requires change to Program-Specific or Federal Terms and Conditions.
  - The appropriate Amendment version of *Attachment B* should be included when budget changes are made by amendment.
  - *Attachment C, Work Plan* and *Attachment D, Payment and Reporting Schedule* may need to be included if the amendment affects the scope of work, or significantly affects the timeline for the project.

**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: # \_\_\_\_\_

