

NYS MASTER CONTRACT FOR GRANTS

INSTRUCTIONS FOR COMPLETING FACE PAGE:

FIXED-TERM CONTRACT AMENDMENT

AMENDMENTS

Because a Fixed Term contract does not make provision for renewals, Amendment is the single option when conditions require a change to a contract.

- *Contract Type* remains Fixed Term Agreement .
- *Transaction Type* becomes Amendment.
- *Current Contract Term* – use the most recently approved Contract term.
- *Current Contract Period* - follow the same rules as above.
- *Amended Term* - use the current approved contract start date. Since amendments to the contract term typically involve extending the contract term (time amendment), provide the *new end date*.
- *Amended Period* - follow the same rules as above.
- *Contract Funding Amount* – use the most recently approved funding amount in the *Current* field. If the amount of funding is being changed, (cost amendment), enter the new funding amount (most recently approved +/- new funding) 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

<p>STATE AGENCY (Name & Address):</p>	<p>BUSINESS UNIT/DEPT. ID:</p> <p>CONTRACT NUMBER:</p> <p>CONTRACT TYPE: "Multi-Year Agreement "Simplified Renewal Agreement "Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p>	<p>TRANSACTION TYPE: "New "Renewal "Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: Federal Tax ID Number: DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>CONTRACTOR PAYMENT ADDRESS: "Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS: "Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS: "For Profit "Municipality, Code: "Tribal Nation "Individual "Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code: "Sectarian Entity</p>

Contract Number: # _____

