

NYS MASTER CONTRACT FOR GRANTS

INSTRUCTIONS FOR COMPLETING FACE PAGE:

MULTI-YEAR CONTRACT AMENDMENT

AMENDMENTS

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

- *Contract Type* remains Multi-Year 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* - 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* - follow the same rules as above.
- Complete the *Multi-Year Agreements* table to provide the details of each of the years encompassed by the Multi-Year term as presented in the most recently approved contract. Show changes to the dates or amount for a budget period within the overall contract shell on the appropriate line (see example). For Multi-Year Agreements only, these dates should be used on the budgets and work plans.
- 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 NationIndividualNot-for-Profit Charities Registration Number: Exemption Status/Code: "Sectarian Entity

Contract Number: # _____

