

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>STATE AGENCY:</b></p> <p>NYS Department of State          One Commerce Plaza          99 Washington Avenue – Suite 1010          Albany, NY 12231</p>	<p><b>BUSINESS UNIT/DEPT ID:</b>       DOS01/3800000</p> <p><b>CONTRACT NUMBER:</b>                       C1000921</p> <p><b>CONTRACT TYPE:</b></p> <p><input type="checkbox"/> Multi-Year Agreement</p> <p><input type="checkbox"/> Simplified Renewal Agreement</p> <p><input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p><b>CONTRACTOR SFS PAYEE NAME:</b></p> <p>BEACON CITY OF</p>	<p><b>TRANSACTION TYPE:</b></p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Amendment</p>
<p><b>CONTRACTOR DOS INCORPORATED NAME:</b></p> <p>n/a</p>	<p><b>PROJECT NAME:</b></p> <p>Mid-Hudson Regional Downtown Initiative</p>
<p><b>CONTRACTOR IDENTIFICATION NUMBERS:</b></p> <p>NYS VENDOR ID Number:               1000002077</p> <p>Federal Tax ID Number:               14-6002076</p> <p>DUNS Number (if applicable):           n/a</p>	<p><b>AGENCY IDENTIFIER:</b></p> <p>n/a</p> <p><b>CFDA NUMBER (Federally Funded Grants Only):</b></p> <p>n/a</p>
<p><b>CONTRACTOR PRIMARY MAILING ADDRESS:</b></p> <p>City of Beacon          One Municipal Plaza          Beacon, NY 12508</p> <p><b>CONTRACTOR PAYMENT ADDRESS:</b></p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p><b>CONTRACTOR MAILING ADDRESS</b></p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p><b>CONTRACTOR STATUS:</b></p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Municipality, Code:</p> <p><input type="checkbox"/> Tribal Nation</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:                       n/a</p> <p>Exemption Status/Code:                               3A/02</p> <p><input type="checkbox"/> Sectarian Entity</p>

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<p>CURRENT CONTRACT TERM: FROM: 8/1/2017 TO: 7/31/2022</p> <p>CURRENT CONTRACT PERIOD: FROM: 8/1/2017 TO: 7/31/2022</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: \$175,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCES: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:  
(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

ATTACHMENTS PART OF THIS AGREEMENT:

- |   |  |
|---|--|
| <p><input checked="" type="checkbox"/> Attachment A:</p> <p><input checked="" type="checkbox"/> Attachment B:</p> <p><input checked="" type="checkbox"/> Attachment C: Work Plan</p> <p><input checked="" type="checkbox"/> Attachment D: Payment and Reporting Schedule</p> <p><input type="checkbox"/> Other:</p> | <p><input checked="" type="checkbox"/> A-1 Program Specific Terms and Conditions</p> <p><input type="checkbox"/> A-2 Federally Funded Grants</p> <p><input checked="" type="checkbox"/> B-1 Expenditure Based Budget</p> <p><input type="checkbox"/> B-2 Performance Based Budget</p> <p><input type="checkbox"/> B-3 Capital Budget</p> <p><input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)</p> <p><input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)</p> <p><input type="checkbox"/> B-3(A) Capital Budget (Amendment)</p> |
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