

Office of Victim Services

ANDREW M. CUOMO Governor ELIZABETH CRONIN, ESQ. Director

AGREEMENT

New York State	Contract Number:
Office of Victim Services	
80 South Swan Street, 2 nd Floor	Amount of Agreement:
Albany, New York 12210	
Agency Code 1080200	Contract Period:
Contract Authority: Article 22, NYS Exec Law	NYS Vendor ID:
Contractor Legal Name:	
Address:	
	State: NY ZIP:
Street: City:	State: NY ZIP:

Billing Address (i	f different fro	om above):	
Street:	City:	State:	ZIP:

Title/Description of Project:

AGREEMENT TYPE:	FOR AMENDMENTS, LIST TYPE(S) THAT APPLY: N/A
THIS AGREEMENT INCLUDES THE FOLLOWING:	IF AN INCREASE/DECREASE IN AMOUNT: N/A
 This Coversheet and Signature Page Appendix A (NYS Standard Clauses) Appendix B (Itemized Budget) Appendix C (Work Plan) Appendix D (General Conditions) Appendix E (Federal Award Letter and Associated Conditions) Appendix F (Minority and Women-Owned Business Enterprises) Appendix G (Service-Disabled Veteran- Owned Businesses) 	Previous Amount/New Amount/Amount of Increase or Decrease (shown as + or -) N/A

THE CONTRACTOR AND THE OFFICE OF VICTIM SERVICES AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT



For the OFFICE OF VICTIM SERVICES
Signature of Authorized Representative:
Date:
Typed or Printed Name of the Representative:
Title of the Representative:
State Agency Certification: In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract.