

<u>STATE AGENCY:</u> NYS Office of Mental Health 44 Holland Avenue Albany NY 12229	<u>NYS COMPTROLLER'S NUMBER:</u>  <u>ORIGINATING AGENCY CODE:</u> OMH01/3650000
<u>CONTRACTOR:</u>	<u>TYPE OF PROGRAM:</u>
<u>CHARITIES REGISTRATION NUMBER:</u>  <u>FEDERAL TAX IDENTIFICATION NUMBER:</u>  <u>VENDOR ID:</u>	<u>INITIAL CONTRACT PERIOD:</u>  <u>CONTRACT AMOUNT FOR PERIOD:</u>
<u>STATUS:</u>  CONTRACTOR IS      IS NOT      A <u>SECTARIAN ENTITY</u>  CONTRACTOR IS      IS NOT      A <u>NOT-FOR-PROFIT ORGANIZATION</u>  CONTRACTOR IS      IS NOT      A <u>MUNICIPALITY</u>	<u>MULTI-YEAR TERM:</u>  FROM:  TO:
<u>APPENDICES ATTACHED OR REFERENCED AND PART OF THIS AGREEMENT:</u> (Applicable Appendixes must be checked [X])	
APPENDIX A APPENDIX A-1 APPENDIX A-2  APPENDIX B APPENDIX C APPENDIX D APPENDIX F APPENDIX G APPENDIX I APPENDIX K APPENDIX X OTHER	Standard Clauses as required by the Attorney General for all State contracts. Agency-specific Clauses MWBE and EEO Requirements Exhibit 1: MWBE Utilization Plan Exhibit 2: MWBE Application for Waiver (if applicable) Exhibit 3: MWBE Certification of Good Faith Efforts (if applicable) Exhibit 4: Quarterly MWBE Contractor's Compliance Report Exhibit 5: EEO Workforce Utilization Report Budget – Attachment B-1 Payment and Reporting Schedule Program Work Plan Business Associate Agreement Additional Insurance Requirements (where applicable) Consultant Disclosure Instructions and Forms A & B Contractor's Proposal (where applicable) Modification Agreement Form