

NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NEW YORK 12243	NYS COMPTROLLER'S NUMBER ORIGINATING AGENCY CODE: 27000
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<u>CONTRACTOR:</u>	TYPE OF PROGRAM (s):
	Refugee Medical Screening and Immunization – New York City

STATUS	<u>INITIAL CONTRACT PERIOD</u>
Contractor is () is not () a Sectarian entity Contractor is () is not () a Not-for-Profit Org. Charities Registration #: ___ - ___ - ___ Contractor has ___ / has not ___ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports. Exempt: no / yes, basis: _____	FROM: April 1, 2010 TO: March 31, 2015 FUNDING AMOUNT FOR INITIAL PERIOD \$346.39 per completed medical screening \$180.63 per initial adult immunization

Federal Tax ID #: _____ Municipality # (if Gov't.): _____	<u>MULTI-YEAR TERM</u> (if applicable): FROM: April 1, 2010 TO: March 31, 2015
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APPENDICES ATTACHED AND PART OF THIS AGREEMENT		
<u> </u>	APPENDIX A	Standard Clauses as Required by Attorney General for <u>all</u> State Contracts
<u> </u>	EXHIBIT 1	Non-Collusive Bidding Certification 1, 2 and 3
<u> </u>	EXHIBIT 2	Non-Discrimination in Employment in Northern Ireland
<u> </u>	APPENDIX A1	Agency-Specific Clauses
<u> </u>	APPENDIX D	Program Work Plan
<u> </u>	APPENDIX X	Contract Modification
<u> </u>	APPENDIX Z	EOD Contract Language
<u> </u>	OTDA 4937.1	M/WBE Subcontractor Utilization Form
<u> </u>	OTDA 4934.1	M/WBE Project Staffing Plan form
<u> </u>	OTHER	Contractor/Subcontractor Background Questionnaire