APPENDIX X

MODIFICATION AGREEMENT

Agency Code: 3400000 **Contract No**. **Period:**
Funding Amount for Period

☐ **This contract is funded with non-Federal funds only**

☒ **This contract is funded in whole or in part with Federal funds (see Appendix A3, paragraph 14 for Federal audit information)**
☐ **OCFS has determined that the Contractor is NOT a sub-recipient**
☒ **OCFS has determined that the Contractor is a sub-recipient**
The Federal Funds for this contract are from Catalogue of Federal Domestic Assistance (CFDA) Number(s): See App A-2

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the Office of Children and Family Services, having its principal office at 52 Washington Street, Rensselaer, New York 12144 (hereinafter referred to as the STATE), and Contractor **(**hereinafter referred to as the CONTRACTOR), for modification of Contract Number Contract Number as amended in attached Appendix (ices).

All other provisions of said agreement shall remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE	STATE AGENCY
Contractor:	Office of Children and Family Services
By:	By:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:
	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."

A. NOT-FOR-PROFIT CORPORATION:

STATE OF NEW YORK
SS.:
County of

On _____ day of, _____ 20 _____ before me personally appeared _____ , to me known, who being by me duly sworn, did depose that he/she resides at _____ that he/she is the _____ of the _____ the corporation described herein which executed the foregoing instrument, and that he/she signed his/her name thereto by order of the board of directors of said not-for-profit corporation.

_____(Notary)

My Commission expires: _____

STATE COMPTROLLER'S SIGNATURE

_____

Title: _____

Date: _____