

APPENDIX X

Agency Code: 01080

Contract No: _____

Budget Period: _____

Funding Amount for Budget Period: _____

This is an Agreement between the State of New York, acting by and through Division of Housing and Community Renewal, having its principal office at 38-40 State Street, Albany, New York 12207 (hereinafter referred to as the State), and _____, (hereinafter referred to as the Contractor), for modification of Contract Number _____, as amended.

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 Signature

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.”

STATE OF NEW YORK)

) SS.:

COUNTY OF _____)

On _____, 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, as _____ of _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that executed the same in capacity, and that by signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Notary)_____

State Comptroller’s Signature

Approved:

Thomas P. DiNapoli, State Comptroller

By

Date
