



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY of ALBANY  
CRIME VICTIM and SEXUAL VIOLENCE CENTER  
112 State Street, Room 1010  
Albany, New York 12207-2077  
Office: (518) 447-7100 Fax: (518) 447-7102  
24-Hour Sexual Assault Hotline: (518) 447-7716  
[www.albanycounty.com/cvsvc](http://www.albanycounty.com/cvsvc)  
e-mail: [cvsvc@albanycounty.com](mailto:cvsvc@albanycounty.com)

KAREN ZIEGLER  
DIRECTOR

Hon. Andrew Joyce, Chairman  
Albany County Legislature  
112 State St., Rm. 710  
Albany, NY 12207

November 12, 2021

Dear Chairman Joyce:

I am requesting permission to amend a resolution for a grant award from NYS Department of Health, Bureau of Maternal, Infant and Adolescent Health. This grant is for the two year period 2/1/2022 through 1/31/2024 and is \$175,0000 per year to be shared between Albany County Crime Victim and Sexual Violence Center, the Planned Parenthood of Greater New York and the YWCA Mohawk Valley. This requires Albany County to have Memorandums of Understanding with PPGNY and the YWCA for the two-year period of the grant award.

If any further information is required or if you have any questions regarding this request, please contact me. Thank you for your consideration.

Respectfully Submitted,

Karen Ziegler  
Director

cc: Dennis A. Feeney, Majority Leader  
Frank A. Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Esq. Minority Counsel



# County of Albany

Harold L. Joyce  
Albany County Office  
Building  
112 State Street - Albany,  
NY 12207

## Legislation Text

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**File #:** TMP-2933, **Version:** 1

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### **Amend contract between NYS Department of Healthy and CVSVCREQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Amend contract between NYS Department of Health and CVSVC

Date: 11/12/2021  
Submitted By: kziegler  
Department: CVSVC  
Title: Director  
Phone: 518-447-7100  
Department Rep.  
Attending Meeting: kzielger

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) [Click or tap here to enter text.](#)

### **CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

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**File #:** TMP-2933, **Version:** 1

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- Personnel Non-Individual  
 Revenue

Increase Account/Line No.: A4610.4.44046  
Source of Funds: NYS Department of Health  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment  
 Purchase (Equipment/Supplies)  
 Lease (Equipment/Supplies)  
 Requirements  
 Professional Services  
 Education/Training  
 Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim  
 Release of Liability  
 Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYS Department of Health  
Bureau of Women, Infant, and Adolescent Health  
Empire State Plaza, Corning Tower, Rm. 821 Albany, New York 12237

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: 30000

Scope of Services: CVSVC will work with Planned Parenthood of Greater New York and the YWCA Mohawk to address equity in the provision of community and societal level prevention education in Albany, Schenectady, and Oneida counties.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A4610 03495

Revenue Amount: 30000

Appropriation Account and Line: A4610 44046

Appropriation Amount: 30000

Source of Funding - (Percentages)

Federal: 100%

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 2/1/2022 - 1/31/2024

Length of Contract: 24 months

Impact on Pending Litigation Yes  No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 113

Date of Adoption: 4/12/2021

**Justification:** (state briefly why legislative action is requested)

NYS Department of Health has increased the award by \$30,000 in order to allow the Regional Programs to better address equity issues in their respective counties.

**AMENDMENT #1**

This Agreement, made this 12th day of Nov., 2021 by and between **HEALTH RESEARCH, INC.**, hereinafter referred to as "HRI," a domestic not-for-profit corporation, and **ALBANY COUNTY**, hereinafter referred to as "Contractor."

**WHEREAS**, heretofore on or about the 11th day of March, 2021, the parties hereto entered into a certain agreement regarding "Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention", HRI Contract Number **6083-03**; and,

**WHEREAS** it is now desired to amend that provision of such contract designated as "Total Contract Amount", and to substitute Exhibit "B" Revised and attach Exhibit "D" Addition.

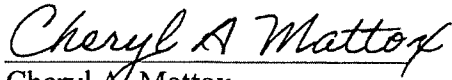
**NOW THEREFORE**, it is mutually agreed by both parties the "Total Contract Amount" of Agreement HRI Contract Number 6083-03 will be **\$175,000**.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

**IN WITNESS WHEREOF**, the parties hereto have agreed and executed this amendment.

**HEALTH RESEARCH, INC.**

**ALBANY COUNTY**

  
Cheryl A. Mattox  
Executive Director

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Summary Budget Form

**Contractor:** County of Albany Indicate intended voucher frequency with an (X) below:  
**Contract Period:** 2/1/2021-1/31/2022 Quarterly   
**Federal ID #:** 14-6002563 Monthly

Budget Items	Amount Requested
(A) PERSONAL SERVICES	\$30,620
(B) FRINGE BENEFITS	\$11,950
(C) SUPPLIES	
(D) TRAVEL	\$935
(E) EQUIPMENT	
(F) MISCELLANEOUS	\$4,144
(G) SUBCONTRACTS/CONSULTANTS	\$127,351
(H) ADMINISTRATIVE COSTS	
(I) RESTRICTED <i>Undetermined budget category. Budget modification required to access these funds.</i>	
<b>TOTAL (Sum of lines A through I)</b>	<b>\$175,000</b>

Personal Services Total	\$42,570
Sum of A & B	
OTPS Total	\$132,430
Sum of C through H	

Notes:

1: Contract Managers may require additional information necessary for approval of requested dollar amounts.



**Fringe Benefits and Position Descriptions**

Contractor: County of Albany  
 Contract Period: 2/1/2021-1/31/2022  
 Federal ID #: 14-6002563

**FRINGE BENEFITS**

1. Does your agency have a federally approved fringe benefit rate?  
*Contractor must attach a copy of federally approved rate agreement.*  

YES  
  
 NO

Approved Rate (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_  
**Complete 2-7 below.**  
  
 \$131,494,733  
 \$81,265,551  
 61.80%  
 12/31/19
  
2. Total salary expense based on most recent audited financial statements:
3. Total fringe benefits expense based on most recent audited financial statements:
4. Agency Fringe Benefit Rate: *(amount from #3 divided by amount from #2)*
5. Date of most recently audited financial statements:  
*Attach a copy of financial pages supporting amounts listed in #2 and #3.*
6. Requested rate and amount for fringe benefits:  
 Rate Requested (%) : 39.03%  
 Amount Requested (\$) : \$11,950
  
7. If the rate requested on this contract exceeds the rate supported by latest audited financials, please justify below.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**POSITION DESCRIPTIONS**

For each position listed on the summary budget page, provide a brief description of the duties supported by this contract.

**Title:** Director  
**Contract Duties:** Responsible for coordinating CVSVC activities; providing grant management, fiscal and programmatic reporting. Contact with the County of Albany County Executive, County Department heads, District Attorney, Albany County Sheriff, and the Albany County Legislature. Implements policy, procedural, and legislative activities. 1.5 hours/week

**Title:** Coordinator of Community Education  
**Contract Duties:** Responsibilities include providing sexual violence prevention education in the community as well as training and monitoring staff that work in the prevention education and community mobilization programs. Establishes and maintains strong links with community (nightlife establishments, local schools, community partners). Maintains accurate program data and statistics. 8 hours/week

**Title:** Clinical Supervisor  
**Contract Duties:** Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 4 hours/week



**Position Descriptions (continued)**

Contractor: County of Albany  
Contract Period: 2/1/2021-1/31/2022  
Federal ID #: 14-6002563

For each position listed on the summary budget page, provide a brief description of the duties supported by this contract.

Title: Crime Victim Therapist  
Contract Duties: Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 3 hours/week

Title: Volunteer Coordinator  
Contract Duties: Responsibilities include providing sexual violence prevention education in the community. Establishes and maintains strong connections with community partners. Maintains accurate program data and statistics. 4.5 hours/week

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

**Supplies, Travel and Equipment**

Contractor: County of Albany  
 Contract Period: 2/1/2021-1/31/2022  
 Federal ID #: 14-6002563

**SUPPLIES :** Contractors should utilize their institution's policy for categorizing supplies and all software.

Office : \_\_\_\_\_  
 Program : \_\_\_\_\_  
 Total : \_\_\_\_\_

**TRAVEL :** Include staff, client and conference travel. Contract manager approval is required for out-of-state travel. Funds budgeted for conference travel must be directly related to the funded program. Contractors without reimbursement policies should use federal government travel reimbursement policy.

Is mileage requested?  
 (personal auto or agency auto)

YES  
 NO

Staff :           \$935  
 Client : \_\_\_\_\_  
 Conference : \_\_\_\_\_  
 Total :           \$935

255 miles/month x \$0.58/mile x 6 months = \$885 plus \$50 for tolls and parking.

**EQUIPMENT :** Itemize anticipated equipment purchases. Federal regulations define "equipment" as items with a unit cost of \$5,000 or more. Some contractors will have similar thresholds to differentiate "equipment" from "supplies" and these thresholds may be lower than \$5,000. Contractors should utilize their institution's threshold policy for categorizing equipment for any items with a unit cost of less than \$5,000. Items with a unit cost of \$5,000 or more must be categorized as equipment

**What is your institution's threshold for equipment?** \_\_\_\_\_ If your institution does not have a specific threshold you must follow the federal threshold of \$5,000 or more.

Item

Amount

Justification

Total : \_\_\_\_\_

**Miscellaneous**

Contractor: County of Albany  
 Contract Period: 2/1/2021-1/31/2022  
 Federal ID #: 14-6002563

**TELECOMMUNICATIONS :**

Detail below the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for all telephone lines funded by this contract, including fax and modem lines. Also include any telecommunication installation or equipment costs, hotline, long distance, cell phone, internet or beeper expenses that apply to this contract.

Item

Total :

**OTHER :**

May include postage, printing, equipment rental or maintenance, stipends, media advertising, recruitment or other appropriate costs. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor must have methodology on file to support the amount requested.

Item

Shared Cost

Amount

Region 4 Safer Bars website

\$499

Printing to include window clings for Safer Bars, outreach cards, flyers and brochures

\$1,830

Safer Bars coasters/napkins

\$470

Social Media boosts

\$400

Focus Group incentives: 15 gift cards @ \$20/card

\$300

NYS DOH approved training

\$645

Total : \$4,144

Total

Miscellaneous includes the Telecommunications, Space and Other Lines

**Subcontracts/Consultants & Administrative Costs**

Contractor: County of Albany  
 Contract Period: 2/1/2021-1/31/2022  
 Federal ID #: 14-6002563

**SUBCONTRACTS/CONSULTANTS :**

*Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.*

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
Planned Parenthood of Greater New York Federal tax id # 14-6004167	PP of Greater NY will provide the full-time program coordinator which includes responsibility to oversee and manage the day-to-day activities of the Region 4 Center for Sexual Violence Prevention: Provide oversight, program development and supervision, and leadership to the prevention and education staff. Coordinate, plan, and facilitate prevention and education programs. Schedule, deliver and provide presentations on sexual assault prevention, focusing on the Safer Bars initiative for this year.	\$41,000
	Personnel Services for 12 months: RPE Regional Coordinator (100%)	\$10,701
	Fringe benefits for 12 months @ 26.1%	\$655
	Supplies: prevention education materials, paper, ink, toner, folders, etc.	\$845
	Travel: Mileage- approx. 100 miles x \$.575 per mile x 12 months. This will also include costs for the annual DOH Provider Meeting (\$155 registration fee) and any approved NYS DOH trainings.	\$452
	Telecommunications: 1 cellular phone plan @ \$37.65/mo x 12 months	\$709
	Space at PPGNY 1040 State Street Schenectady, NY	
	PPGNY will contract with TBD community organizations to promote health equity in current prevention strategies in high risk communities in Schenectady County	\$10,000
	<b>Total :</b>	<b>\$64,362</b>

**INDIRECT COSTS/ADMINISTRATIVE COSTS: Costs used to support the indirect rate requested may NOT be directly billable to the contract.**

\*The rate will be applied to the same base costs as used in the federally approved rate agreement.

Does your agency have a federally approved indirect cost rate?

YES

\*Rate Approved (%) : \_\_\_\_\_ Base \_\_\_\_\_

Rate Requested (%) : \_\_\_\_\_

Amount Requested (\$) : \_\_\_\_\_

Submit a copy of the federally approved indirect rate agreement to support the request.

NO

Indicate the requested rate and amount for administrative costs.

\*\*Rate Requested (%) : \_\_\_\_\_ Base \_\_\_\_\_

Amount Requested (\$) : \_\_\_\_\_

All Contractors are entitled to a 10% Modified Total Direct Cost *Deminimus* if they do not have a federally negotiated rate.

**Financial Officer or Contract Signatory**

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, charges for patient care, and the portion of each subaward in excess of \$25,000.

\*\*No portion of administrative costs can be directly billed.

**Subcontracts/Consultants & Administrative Costs**

Contractor: County of Albany  
 Contract Period: 2/1/2021-1/31/2022  
 Federal ID #: 14-6002563

**SUBCONTRACTS/CONSULTANTS :**

*Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.*

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
YWCA of the Mohawk Valley Federal ID# 15-0532279	The YWCA of the Mohawk Valley will deliver sexual violence prevention initiatives in Oneida County. The YWCA MV will focus on the Healthy Schools Initiative, partnering with middle and high schools to provide comprehensive and community level violence prevention to transform school districts and communities into a healthy school environment, using education, physical environment, social norms and policy.	
	Personnel Services for 12 months: Director of Community Education Tracy Stancato (50%) Chief Operating Officer Michael Gulula (5%)	\$30,417 \$4,998
	Fringe benefits for 12 months @ 12% Supplies: prevention education materials, paper, ink, toner, folders	\$4,250 \$600
	Training and travel costs: 173 miles x \$ .58 per mile x 12 months, including costs for any necessary DOH approved trainings	\$1,800
	Space at YWCA 100 Cornelia Street, Utica, NY	\$924
	YWCA will contract with TBD school organization to expand Healthy Schools Initiative in current prevention strategies to high risk communities in Oneida County	\$10,000
	<b>Total :</b>	<b>\$52,989</b>

**INDIRECT COSTS/ADMINISTRATIVE COSTS: Costs used to support the indirect rate requested may NOT be directly billed to the contract.**

Does your agency have a federally approved indirect cost rate?  
 YES  NO

\*Rate Approved (%) : \_\_\_\_\_  
 Rate Requested (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_

Submit a copy of the federally approved indirect rate agreement to support the request.

\*The rate will be applied to the same base costs as used in the federally approved rate agreement.

All Contractors are entitled to a 10% Modified Total Direct Cost *Deminimus* if they do not have a federally negotiated rate.

Financial Officer or Contract Signatory \_\_\_\_\_  
 Base \_\_\_\_\_

\*\*Rate Requested (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_

\*\*\*No portion of administrative costs can be directly billed.

MILC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of \$25,000.





EXHIBIT D ADDITION

**Recipient Information**

**1. Recipient Name**  
HEALTH RESEARCH, INC.  
150 Broadway Ste 560  
Menands, NY 12004-2726  
[NO DATA]

**2. Congressional District of Recipient**  
20

**3. Payment System Identifier (ID)**  
1141402155A1

**4. Employer Identification Number (EIN)**  
141402155

**5. Data Universal Numbering System (DUNS)**  
153695809

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**  
Ms. Bernadette Dolen  
Program Director  
Bernadette.dolen@health.ny.gov  
518-474 0535

**8. Authorized Official**  
Mr. Michael A. Saglimbeni  
Director, Office of Sponsored Programs  
hringa@healthresearch.org  
518-431-1200

**Federal Agency Information**  
CDC Office of Financial Resources

**9. Awarding Agency Contact Information**  
Ms. Ayanna Williams  
omg5@cdc.gov  
404.498.5095

**10. Program Official Contact Information**  
Mr. Phillip D Williams  
Project Officer  
DVP PPTB  
DPZ4@cdc.gov  
770-488-0548

**Federal Award Information**

**11. Award Number**  
6 NUF2CE002460-03-05

**12. Unique Federal Award Identification Number (FAIN)**  
NUF2CE002460

**13. Statutory Authority**  
Recipient is funded under Category" A" Statutory Authority: 393A(a) of the PHS Act (42 USC § 280b-1b(a))

**14. Federal Award Project Title**  
Rape Prevention and Education

**15. Assistance Listing Number**  
93.136

**16. Assistance Listing Program Title**  
Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**  
Notification of a Contractor or Consultant

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/01/2021	<b>- End Date</b>	01/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,934,252.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,934,252.00
<b>26. Project Period Start Date</b>	02/01/2019	<b>- End Date</b>	01/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**  
ADDITIONAL COSTS

**29. Grants Management Officer - Signature**  
Mrs. Rhonda Latimer  
Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-05  
FAIN# NUF2CE002460  
Federal Award Date: 10/04/2021

<b>Recipient Information</b>	
<b>Recipient Name</b> HEALTH RESEARCH, INC. 150 Broadway Ste 560 Mevands, NY 12204-2736 [NO DATA]	
<b>Congressional District of Recipient</b> 20	
<b>Payment Account Number and Type</b> 1141402155A1	
<b>Employer Identification Number (EIN) Data</b> 141402155	
<b>Universal Numbering System (DUNS)</b> 153695809	
<b>Recipient's Unique Entity Identifier</b> Not Available	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$380,362.00
b. Fringe Benefits	\$147,924.00
c. Total Personnel Costs	\$528,286.00
d. Equipment	\$0.00
e. Supplies	\$5,301.00
f. Travel	\$8,941.00
g. Construction	\$0.00
h. Other	\$8,674.00
i. Contractual	\$1,286,338.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$1,837,540.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$96,712.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,934,252.00</b>
<b>m. Federal Share</b>	<b>\$1,934,252.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9392SFL	19NUF2CE002460	CE	41.51	\$0.00	75-21-0952





DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002460-03-05

FAIN# NUF2CE002460

Federal Award Date: 10/04/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

HEALTH RESEARCH, INC.

6 NUF2CE002460-03-05

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1. Terms and Conditions

<b>ADDITIONAL TERMS AND CONDITIONS OF AWARD</b>
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**Consultant/Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract/Consultant(s) below. This approval is in response to the request submitted by your organization dated September 7, 2021.

**Consultant Name:** Soteria Solutions, Inc.

**Contractor 1:** Cicatelli Associates, Inc.

**Contractor 2:** The Retreat, Inc.

**Contractor 3:** Family Services, Inc.

**Contractor 4:** Albany County Crime Victime and Sexual Violence Center

**Contractor 5:** Vera House

**Contractor 6:** Suicide Prevention and Crisis Services, Inc.

**Key Personnel:** The purpose of this amendment is to approve the *Principal Investigator/Program Director* change to Bernadette Dolen . This is in response to the request submitted by your organization dated September 13, 2021.

Ayanna Williams, MPA  
Grants Management Specialist (GMS)  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
Email: AWilliams31@cdc.gov | Phone office: 404-498-5095

Rhonda D. Latimer  
Grants Management Officer  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
Email: RDLatimer@cdc.gov | Telephone: 770-488-1647



**Recipient Information**

**1. Recipient Name**  
Health Research Inc. / NYS  
150 Broadway Ste 560  
Menands, NY 12204-2726  
[NO DATA]

**2. Congressional District of Recipient**  
20

**3. Payment System Identifier (ID)**  
1141402155A1

**4. Employer Identification Number (EIN)**  
141402155

**5. Data Universal Numbering System (DUNS)**  
153695809

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**  
Ms. Ann-Margret Foley  
ann-margret.foley@health.ny.gov  
518-474-0535

**8. Authorized Official**  
Mr. Michael A. Saglimbeni  
Director, Office of Sponsored Programs  
hringa@healthresearch.org  
518-431-1200

**Federal Agency Information**  
CDC Office of Financial Resources

**9. Awarding Agency Contact Information**  
Ms. Ayanna Williams  
omg5@cdc.gov  
404.498.5095

**10. Program Official Contact Information**  
Mr. Phillip D Williams  
Project Officer  
DVP PPTB  
DPZ.4@cdc.gov  
770-488-0548

**Federal Award Information**

**11. Award Number**  
6 NUF2CE002460-03-04

**12. Unique Federal Award Identification Number (FAIN)**  
NUF2CE002460

**13. Statutory Authority**  
Recipient is funded under Category " A " / Statutory Authority: 393A(a) of the PHS Act (42 USC § 280b-1b(a))

**14. Federal Award Project Title**  
Rape Prevention and Education

**15. Assistance Listing Number**  
93.136

**16. Assistance Listing Program Title**  
Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**  
NGA Revision

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/01/2021	<b>- End Date</b>	01/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,934,252.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,934,252.00
<b>26. Project Period Start Date</b>	02/01/2019	<b>- End Date</b>	01/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**  
ADDITIONAL COSTS

**29. Grants Management Officer - Signature**  
Mrs. Rhonda Latimer  
Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-04

FAIN# NUF2CE002460

Federal Award Date: 09/17/2021

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b> Health Research Inc. / NYS 150 Broadway Ste 560 Menands, NY 12204-2726 [NO DATA]</p> <p><b>Congressional District of Recipient</b> 20</p> <p><b>Payment Account Number and Type</b> 1141402155A1</p> <p><b>Employer Identification Number (EIN) Data</b> 141402155</p> <p><b>Universal Numbering System (DUNS)</b> 153695809</p> <p><b>Recipient's Unique Entity Identifier</b> Not Available</p>
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<p><b>31. Assistance Type</b> Cooperative Agreement</p> <p><b>32. Type of Award</b> Other</p>
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<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$380,362.00
b. Fringe Benefits	\$147,924.00
c. Total Personnel Costs	\$528,286.00
d. Equipment	\$0.00
e. Supplies	\$5,301.00
f. Travel	\$8,941.00
g. Construction	\$0.00
h. Other	\$8,674.00
i. Contractual	\$1,286,338.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$1,837,540.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$96,712.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,934,252.00</b>
<b>m. Federal Share</b>	<b>\$1,934,252.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-939ZSEL	19NUF2CE002460	CE	41.51	\$0.00	79-21-0952



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002460-03-04

FAIN# NUF2CE002460

Federal Award Date: 09/17/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

Health Research Inc. / NYS

6 NUF2CE002460-03-04

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1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The purpose of this Notice of Award amendment is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

Recipient Information

**1. Recipient Name**  
 Health Research, Inc./NYS  
 150 Broadway Ste 560  
 Menands, NY 12204-2726  
 [NO DATA]

**2. Congressional District of Recipient**  
 20

**3. Payment System Identifier (ID)**  
 1141402155A1

**4. Employer Identification Number (EIN)**  
 141402155

**5. Data Universal Numbering System (DUNS)**  
 153695809

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**  
 Ms. Ann-Margret Foley  
 ann-margret.foley@health.ny.gov  
 518-474-0535

**8. Authorized Official**  
 Mr. Michael A. Saglimbeni  
 Director, Sponsored Programs  
 hringa@healthresearch.org  
 518-431-1200

Federal Agency Information

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**  
 Ms. Ayanna Williams  
 omg5@cdc.gov  
 404.498.5095

**10. Program Official Contact Information**  
 Mr. Phillip D Williams  
 Project Officer  
 DVP PPTB  
 DPZ4@cdc.gov  
 770-488-0548

Federal Award Information

**11. Award Number**  
 6 NUF2CE002460-03-01

**12. Unique Federal Award Identification Number (FAIN)**  
 NUF2CE002460

**13. Statutory Authority**  
 Recipient is funded under Category " A" Statutory Authority: 393A(a) of the PHS Act (42 USC § 280h-1b(a))

**14. Federal Award Project Title**  
 Rape Prevention and Education

**15. Assistance Listing Number**  
 93.136

**16. Assistance Listing Program Title**  
 Injury Prevention and Control Research and State and Community Based Programs

**17. Award Action Type**  
 Budget Revision

**18. Is the Award R&D?**  
 No

Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	02/01/2021	<b>- End Date</b>	01/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,801,265.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,801,265.00
<b>26. Project Period Start Date</b>	02/01/2019	<b>- End Date</b>	01/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			\$5,693,949.00

**28. Authorized Treatment of Program Income**  
 ADDITIONAL COSTS

**29. Grants Management Officer - Signature**  
 Mrs. Rhonda Latimer  
 Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

<b>Recipient Information</b>	
<b>Recipient Name</b>	
Health Research, Inc./NYS 150 Broadway Ste 560 Menands, NY 12204-2726 [NO DATA]	
<b>Congressional District of Recipient</b>	
20	
<b>Payment Account Number and Type</b>	
1141402155A1	
<b>Employer Identification Number (EIN) Data</b>	
141402155	
<b>Universal Numbering System (DUNS)</b>	
153695809	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
i. Financial Assistance from the Federal Awarding Agency Only	
ii. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$380,362.00
b. Fringe Benefits	\$147,924.00
c. Total Personnel Costs	\$528,286.00
d. Equipment	\$0.00
e. Supplies	\$5,301.00
f. Travel	\$8,941.00
g. Construction	\$0.00
h. Other	\$8,674.00
i. Contractual	\$1,160,000.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$1,711,202.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$90,063.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,801,265.00</b>
m. Federal Share	\$1,801,265.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-939ZSFL	19NUF2CE002460	CE	41.51	\$0.00	75-21-0952



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NUF2CE002460-03-01

FAIN# NUF2CE002460

Federal Award Date: 02/03/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

Health Research, Inc./NYS

6 NUF2CE002460-03-01

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract below. This approval is in response to the request submitted by your organization dated January 20, 2021.

**Contractor 1: The Retreat, Inc.**

**Contractor 2: The NYC Alliance Against Sexual Assault**

**Contractor 3: Family Services, Inc.**

**Contractor 4: Albany County Crime Victim and Sexual Violence Center**

**Contractor 5: Vera House, Inc.**

**Contractor 6: Suicide Prevention and Crisis Services, Inc.**

**Contractor 7: Cicatelli Associates, Inc.**

Ayanna Williams, MPA  
Grants Management Specialist (GMS)  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
Email: [AWilliams31@cdc.gov](mailto:AWilliams31@cdc.gov) | Phone office: 404-498-5095

Rhonda D. Latimer  
Grants Management Officer  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
Email: [RDLatimer@cdc.gov](mailto:RDLatimer@cdc.gov) | Telephone: 770-488-1647

AGREEMENT

This Agreement, made this 11th day of March, 2021 by and between HEALTH RESEARCH, INC., with offices located at Riverview Center, 150 Broadway, Ste. 280, Menands, NY, 12204-2893, hereinafter referred to as "HRI, a domestic not-for profit corporation, and

Albany County  
112 State Street, Rm 1010  
Albany, NY 12207 hereinafter referred to as the "Contractor"  
(a(n) State/Local Government

WITNESSETH

WHEREAS, HRI has been awarded a grant/contract from the Center Disease Control Prevent, hereinafter referred to as the "Project Sponsor" under grant/contract number 6NUF2CE0024600301, hereinafter referred to as "Sponsor Reference"; and,

WHEREAS, part of the overall project involves the following:

*Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention*

WHEREAS, the Contractor has represented to HRI that it is knowledgeable, qualified, and experienced in the skill(s) required for this project, and that it is willing and capable of performing the services required hereunder

Now therefore, in consideration of the promises and mutual covenants herein, the parties hereto agree as follows:

Definitions: Throughout this Agreement, the following terms shall have the following definitions:

- "Contract Start Date": 02/01/2021
- "Contract End Date": 01/31/2022
- "Total Contract Amount": \$145,000
- "HRI Project Director": Foley, Ms. Ann-Margaret
- "Required Voucher Frequency": Quarterly
- "FAIN Number": NUF2CE002460
- "HRI Contract Number": 6083-03
- "Catalog of Federal Domestic Assistance Number": 93.136 ("This contract is "Federally" funded.")

Budget Flexibility Percentage": 25 % Line Item - Budget categories may be increased/decreased by this percentage within Total Contract Amount

Attachments / Exhibits: The following are hereby incorporated and made a part of this Agreement:

- Exhibit A - "Scope of Work"
- Exhibit B - "Budget"
- Exhibit C - "Reporting/Vouchering Instructions"
- Exhibit D - "Prime Federal Award Information" (if checked) x ]
- Attachment A - "General Conditions for HRI Contracts"
- Attachment B - "Program Specific Clauses" (if checked) [ ]
- Attachment C - "Modifications to General Conditions and/or Program Specific Clauses" (if checked) [ ]

IN WITNESS WHEREOF, this Agreement has been duly executed by the parties hereto as of the date first above set forth.

Health Research, Inc

*Cheryl A Mattox*  
Name: Cheryl A. Mattox  
Title: Executive Director

Albany County  
Federal ID: 14-6002563-1  
DUNS#:060536653  
*Daniel C. Lynch*  
Name: Daniel C. Lynch  
Title: Deputy County Executive

APPROPRIATIONS						
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME	ANNUAL
AA 4610 4 4046	Fees for Services	30,000.00			Crime Victims and Sexual Violence Center	
TOTAL APPROPRIATIONS		30,000.00	0.00			
ESTIMATED REVENUES						
ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME	
AA 4610 0 3495 000	NYS Department of Health RPE grant		30,000.00			
TOTAL ESTIMATED REVENUES			30,000.00			
GRAND TOTALS		30,000.00	30,000.00			

RESOLUTION NO. 113

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE DEPARTMENT OF HEALTH, PLANNED PARENTHOOD OF GREATER NEW YORK, AND YWCA MOHAWK VALLEY REGARDING PREVENTION EDUCATION

Introduced: 4/12/21

By Law Committee and Mr. Miller:

WHEREAS, The Director of the Albany County Crime Victim and Sexual Violence Center (CVSVC) has requested authorization to enter into an agreement with the New York State Department of Health, Bureau of Women, Infant and Adolescent Health regarding the Rape Prevention and Education program grant in the amount of \$166,750 for the term commencing February 1, 2022 and ending January 31, 2024, and

WHEREAS, The Director has also requested authorization to enter into agreements with Planned Parenthood of Greater New York and YWCA Mohawk Valley to allow for their continued partnership with CVSVC in providing community and societal level prevention education against sexual violence, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Department of Health, Bureau of Women, Infant and Adolescent Health, Albany, NY 12237 regarding the Rape Prevention and Education program grant in the amount of \$166,750 for the term commencing February 1, 2022 and ending January 31, 2024, and, be it further

RESOLVED, That the County Executive is also authorized to enter into agreements with Planned Parenthood of Greater New York, New York, NY 10012 and YWCA Mohawk Valley, Utica, NY 13501 in order to continue their partnership with CVSVC in providing sexual violence prevention education, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreements as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote - 4/12/21*