**DYCD Internal PIN:**

**Amendment Number:**

**THIS AMENDMENT**, entered into as of the    day of   , 20  , amends the       Agreement (the “Agreement”), dated      , 20  , between the City of New York (“City”), acting by and through its Department of Youth and Community Development (“Department”), with an office located at 2 Lafayette Street, New York, New York 10007, and       (“Contractor”), a not-for-profit corporation having its principal office located at      .

**RECITALS**

**WHEREAS**, the Department entered into the Agreement with Contractor for services to be performed in Fiscal Year 2025 through Fiscal Year 2027 pursuant to Procurement Policy Board Rules (“PPB Rules”) § 1-02(e) (the “Agreement”); and

**WHEREAS**,in accordance with PPB Rules § 1-02(e), the New York City Council has appropriated additional Discretionary Funds to be applied for the enhancement of the services that Contractor provides; and

**WHEREAS**,Contractor is ready, willing, and able to use these Discretionary Funds to enhance its services; and

**WHEREAS**, the Departmentwishes to amend the Agreement and to engage Contractor to provide additional services (“Additional Services”) in connection with the above program.

**NOW THEREFORE,** the undersigned agree to amend the Agreement in the following respects only:

1. Contractor agrees to provide Additional Services as set forth in the amended Scope of Services, which is attached hereto and made a part hereof as Exhibit 1.
2. The Additional Services shall be for the period beginning July 1,       to June 30,      .
3. The Fiscal Year 2025 Budget Amount of $       set forth in Article 3 of the Agreement as Not Designated/Not Authorized is hereby confirmed as Designated and Authorized. Furthermore, additional services and funding are being added to the Fiscal Year 2025 Budget in the amount of $       (“Additional Services Increase”) for a cleared award amount of $      . The budget revision for the Additional Services Increase is reflected in the supplemental Budget which is attached hereto and made a part hereof of as Exhibit 2.
4. Except as otherwise provided herein, all terms and conditions of the Agreement shall remain in full force and effect.

**EXHIBIT 1**

**SCOPE OF SERVICES**

**EXHIBIT 1 WORKSCOPE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provider’s Name | |  | | | DYCD PIN: | |  |
| Executive Director | |  | | | Email: | |  |
| Telephone: | |  |
| Program Name | |  | | | | | |
| Program  Director/ Coordinator | |  | | | Email: | |  |
| Cell: | |  |
| Provider’s Main Address | |  | | | | | |
| City |  | | State |  | | Zip |  |

**Discretionary Awards for this Contract**

|  |  |  |
| --- | --- | --- |
| **MOCS ID**  (Ex. FY25 5210) | **Purpose of Funds**  (Use exact language as NYC’s Budget and Schedule C) | **Program Services**  *Describe in detail program daily operations (Ex. After School Program servicing students from 5-12 yrs. Old. Daily scheduled activities include Homework Help for 1 hour, STEAM activities for 45 min and Basketball/Swimming for 45 min. We play organized sports on Fridays.)* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**INITIATIVES**

|  |  |  |
| --- | --- | --- |
| **Select Funding Initiative – (The initiative(s) provided by Program Manager)**  **\*\*Select all that apply, based on the initiative(s) approved on the latest cleared list** | | |
| **A Greener NYC** | **Access to Healthy Food and Nutritional Education** | **Adult Literacy Initiative** |
| **After School Enrichment Initiative** | **Anti-Poverty** | **Big Brothers/Big Sisters** |
| **Boroughwide Needs Initiative** | **CASA** | **Census 2020** |
| **City’s First Readers** | **Civic Education in New York City Schools** | **Communities of Color** |
| **Cultural Immigrant Initiatives** | **CUNY Citizenship Now** | **Digital Inclusion and Literacy** |
| **Diversity, Inclusion and Equity in Tech Initiative** | **Educational Program for Students** | **Food Pantries** |
| **Green Jobs** | **Jill Chaifetz Helpline** | **Job Training and Placement** |
| **Key to the City** | **LGBTQ Inclusive Curriculum** | **Local** |
| **NYC Clean Up** | **Parks Equity** | **Physical Ed and Fitness** |
| **Speakers Initiative** | **Sports Training and Role Models for Success (STARS) Initiative** | **Step In and Stop It Initiative to Address Bystander Intervention** |
| **Trans Equity Program** | **Veteran’s Community Development** | **Young Women’s Leadership Development** |
| **Youth Build Project Initiative** | **Youth** | **LGBTQ Inclusive Curriculum** |
| **Other (explain)** |  |  |

**Age Group**

**Pre- K  Kinder/ Elementary School  Middle School  High School  Adult (18+)  Senior (62+)**

**Licenses**

**SACC (School Age Child Care) Lic. #**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***List SACC license number for applicable programs (services to children) and any other applicable license and corresponding license number below:***

**Other License:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic. # :**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope of Services**

**Neighborhood Wide Borough Wide  City Wide**

**Indicate Neighborhood.** *If “Neighborhood Wide” was checked, list which neighborhood(s) your programs occur in.* **(Ex.** Bushwick, Soho**): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ONE DAY EVENTS**

**Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |  |
| **Event Contact Person** |  |
| **Contact Telephone / E-mail** |  |
| **Event Location / Description** |  |
| **Estimated Participants** |  |

**Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |  |
| **Event Contact Person** |  |
| **Contact Telephone / E-mail** |  |
| **Event Location / Description** |  |
| **Estimated Participants** |  |

**Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |  |
| **Event Contact Person** |  |
| **Contact Telephone / E-mail** |  |
| **Event Location / Description** |  |
| **Estimated Participants** |  |

(Attach additional pages as needed)

**PROGRAM SCHEDULE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | |  | | | | | |
| **Site Name (Ex. PS 128)** | |  | | | | | |
| **Site Address** | |  | | | | | |
| **Program Schedule Description**  **(Brief description of program schedule)** | |  | | | | | |
| **Projected Participant Enrollment** | | **Projected Daily Participant Attendance (ADA)** | | | **Volunteers in the program (Y/N)** | | |
|  | |  | | |  | | |
| **Start & End Dates, Days of the Week and Hours the program is in session\***  \* If programs are drop-in, by appointment or irregular, **ONLY** indicate # of sessions/week and # of hours/week | | | | | | | |
| **Program Start Date** |  | | | **Program End Date** |  | | |
| **# of hours per week** |  | | | **Sessions per week** |  | | |
| **Program Hours\*\*** (ex. 3 p.m.-6 p.m.) | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*\**Indicate program hours, and add ‘X’ underneath the days of the week that the program is in operation for the hours indicated. Use additional lines as needed.* **PROGRAM SCHEDULE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | |  | | | | | |
| **Site Name (Ex. PS 128)** | |  | | | | | |
| **Site Address** | |  | | | | | |
| **Program Schedule Description**  **(Brief description of program schedule)** | |  | | | | | |
| **Projected Participant Enrollment** | | **Projected Daily Participant Attendance (ADA)** | | | **Volunteers in the program (Y/N)** | | |
|  | |  | | |  | | |
| **Start & End Dates, Days of the Week and Hours the program is in session\***  \* If programs are drop-in, by appointment or irregular, **ONLY** indicate # of sessions/week and # of hours/week | | | | | | | |
| **Program Start Date** |  | | | **Program End Date** |  | | |
| **# of hours per week** |  | | | **Sessions per week** |  | | |
| **Program Hours\*\*** (ex. 3 p.m.-6 p.m.) | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*\**Indicate program hours, and add ‘X’ underneath the days of the week that the program is in operation for the hours indicated. Use additional lines as needed.* **DEMOGRAPHICS**

*Provide unduplicated enrollment numbers for all activities excluding one day events.*

*All ‘TOTAL’ rows should be equal.*

|  |  |
| --- | --- |
| **Ethnicity** | **#** |
| Hispanic/Latino(a) |  |
|  |
|  |
| Non- Hispanic/Latino(a) |  |  |
|  |
|  |
|  |  |  |
| **TOTAL** |  |  |

|  |  |
| --- | --- |
| **Race** | **#** |
| White/Caucasian |  |
| Black/African American |  |
| Asian |  |
| Native Hawaiian / Other Pacific Islander |  |
| American Indian / Alaska Native |  |
| Other |  |
|  |  |
| **TOTAL** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ages** | **#** |  | **Borough** | **#** |  | **Gender** | **#** |
| 0-4 |  |  | Bronx |  |  | Male |  |
| 5-9 |  |  | Brooklyn |  |  |
| 10-13 |  |  | Manhattan |  |  | Female |  |
| 14-16 |  |  | Queens |  |  |
| 17-24 |  |  | Staten Island |  |  | Non-Conforming Gender |  |
| 24+ |  |  | **Citywide\*** |  |  |
|  |  | | \*Please do not include citywide totals in borough totals |  | |  |  |
| **TOTAL** |  |  | **TOTAL** |  |  | **TOTAL** |  |

**THE CITY OF NEW YORK**

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT**

Contractor:       DYCD Internal PIN:

Amendment Number:

**EXHIBIT 2**

**BUDGETBUDGET**

|  |  |  |
| --- | --- | --- |
| **NARRATIVE OF HOW FUNDING/BUDGET WILL BE USED** (Please include every line item that has funds allocated in your **DISCRETIONARY** budget.) | | |
| **Total Contract Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Fill in total amount awarded in* ***Discretionary*** *funding* | | |
| Funds will be used for: | | |
| **Personnel Services** | | |
| Salaries and Wages | Fringe Benefits | Central Insurance Program (CIP) |
| **Non-Staff Services** | | |
| Consultants | Subcontractors | Stipends |
| Vendors | Fiscal Conduit |  |
| **Other Than Personnel Services** | | |
| Consumable Supplies | Equipment Purchase | Equipment Other |
| Space Cost | Travel | Utilities & Telephone |
| Other Operational Costs | Van Maintenance | Fiscal Agent Services |

**PERSONNEL**

\*If you selected Salaries and Wages. List the names and tittles of the salaried employees allocated to this contract. In case of staff change during FY, indicate name of currently employed staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | **Title (List Internal Title & DYCD Budget Title** | **FT/PT** |  | **Full Name** | **Title (List Internal Title & DYCD Budget Title** | **FT/PT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Detail of Other Operational Costs (Line 3710 in Budget)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Amount** |  | **Category** | **Amount** |
| Admissions Fees |  |  | Participant T-Shirts/Uniforms |  |
| Audit Fees |  |  | Postage |  |
| Awards |  |  | Printing |  |
| Bank Charges |  |  | Publication Fees |  |
| Computer Set Up/Wiring Costs |  |  | Sporting/Recreational/Program Supplies |  |
| General Liability Insurance |  |  | Subscription Costs |  |
| Food and Refreshments |  |  | Other (list in detail): |  |

(Attach additional pages as needed)