NEW YORK STATE OF OPPORTUNITY. | Grants Management

Organization Information		
Legal Name		
Doing Business As (DBA) Name (if applicable)		
Federal ID	SFS Vendor ID (if applicable)	
DUNS Number (if applicable)		
Street Address 1		
Street Address 2		
City	State	Zip

Organization Type		
Check <u>one</u>: Not for Profit	For Profit	Governmental Entity
Prequalification Exempt	Individual	Tribal Organization

Delegated Administrators	
Last Name	First Name
Title	Phone Number
Email*	
Last Name	First Name
Title	Phone Number
Email*	

Authorization	
This section is to be completed by the Head of the Organization (i.e. Executive Director or comparable title). I hereby authorize the Delegated Administrators identified above to manage users within the Grants Gateway on behalf of my organization. I understand that my organization is solely responsible for all activities undertaken within the Grants Gateway by users associated with my organization.	
Head of Organization	
Title	Phone Number
Email*	
Signature	Date

Acknowledgement to be completed by a Notary Public**		
State of**	County of**	
On the**	day of**	in the year**

before me, the undersigned, personally appeared ** _____ 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 he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public Signature
Notary Public Stamp

*This should be an individual email address; confidential user information will be sent to this address

** See Instructions, Page 2

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Form Instructions

ALL INFORMATION ON THE FORM IS REQUIRED, UNLESS EXPLICITLY INDICATED OTHERWISE.
Organization Information

- Legal Name - Enter as it appears on the Articles of incorporation or Business Certification.
- Doing Business As (DBA) Name - Enter if your organization is doing business under a name other than the Legal Name shown above.
- Federal ID - Enter your 9-digit Federal ID.
- SFS Vendor ID - Enter your 10 digit SFS Vendor ID. If your organization does not have an SFS Vendor ID you will have to submit a completed Substitute W-9 form with this form. You can get a copy of the Substitute W-9 form at http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf.
- DUNS Number - Enter your organizations 9 digit DUNS Number if it has one.
- Address - Enter your address.

Organization Type

- Select one Organization Type
- *Generally, nonprofit organizations must meet Prequalification requirements prior to applying for grants and receiving contracts. However, certain categories of nonprofits are exempt from this requirement. A complete listing of exemption types and an Exemption Request form is available online. If your organization meets the requirements for an exemption, check the "Prequalification Exemption Request" box. Note that a complete Exemption Request Form and the required supporting documentation, available and listed on the website, must accompany the Registration Form for Administrator.*

Delegated Administrators

- All organizations wishing to utilize the Grants Gateway must designate two Delegated Administrators to authorize and monitor access to the system for your organization. Two Delegated Administrators are necessary in order to provide both backup and continuity for your organization. In addition, if a Delegated Administrator leaves your organization the second Delegated Administrator is your only user with the authorization to inactivate the Delegated Administrator who left.
- The Delegated Administrator is responsible for maintaining all aspects of the organization's user information. This includes adding users, assigning roles, ensuring user's information is current and deactivating users in a timely fashion, if necessary.
- Enter the Last Name, First Name, Title, Phone Number and Email Address for each Delegated Administrator. The Email Address should belong to an individual, since confidential information (including usernames and passwords) will be sent to this address. An organization email address accessible by multiple persons should not be used.

Authorization

- This section must contain information on the Head of the Organization - Chief Administrative Officer, Executive Director, CEO or comparable title.
- Enter the Last Name, First Name, Title, Phone Number and Email Address for the Head of the Organization.
- The Head of the Organization must sign and date the form.

Acknowledgement to be completed by a Notary Public

- This section must be completed by a Notary Public. **COVID-19 Update:** Per Governor Cuomo's Executive Order 202.7, NYS notarization services may be performed remotely using audio-visual technology. Please contact a notary for additional information and instructions.

Submission Instructions

- Scan the completed, signed, and notarized form and email it to grantsreform@its.ny.gov.
- Include an organization chart that shows the Head of your Organization.
- New Vendors must request an SFS ID. Include a completed copy of Substitute W-9 with this submission.
- If you need assistance email grantsreform@its.ny.gov.

Grants Management - Registration Form for Administrator (03/27/2020)