



New York Grants Gateway Registration Form for Administrator

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 one:		
<input type="checkbox"/> Not-For Profit	<input type="checkbox"/> Individual	<input type="checkbox"/> Governmental Entity
<input type="checkbox"/> For Profit	<input type="checkbox"/> Tribal Organization	
Delegated Administrators		
Last Name		First Name
Title		Phone Number
Email*		
Last Name		First Name
Title		Phone Number
Email*		
Authorization		
<p>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.</p>		
Head of Organization Name		
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 emailed to this address.

New York Grants Gateway

Instructions for completing the Registration Form for Administrator

ALL INFORMATION ON THIS 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

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 that 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 be an individual address since confidential information such as username and password 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.

Submission Instructions

- ◆ Mail the completed form to:
Division of Budget - Grants Reform, Agency Building 1 - 5th Floor, Empire State Plaza, Albany, NY 12224
- ◆ 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.

Assistance

- ◆ If you need assistance email GrantsGateway@budget.ny.gov