

Organization Information	
Legal Name	
Doing Business As (DBA) Name (if applicable)	
Federal ID	SFS Vendor ID (if applicable)
Additional Information	
Organization County*	Phone Number*
Email Address *	Fax Number*
Website*	SAM CAGE Code*
Charities Registration Number* \ k	# ies Exempti Reason*
Fiscal Year End Date*	Current Operating Budget:
Number of Volunteers*	** http://www.charitiesnys.com/pdfs/char410SchE.pdf for reasons
Mission Statement	
Choose the State agency from the list opposite that your organization has had the most contracts with in the last three years. If you have never had a contract with any of these agencies, choose the State agency you anticipate contracting with in the future.	
Exemption Type (See Grants Reform Website for types. Be sure to attach all required documents)	
Head of Organization	
Title	Phone Number
Email	
Signature	Date

*Denotes Required Field