PAYEE INFORMATION

In order to receive funds from the NYS Education Department, ALL SECTIONS of the Payee Information/PI Form AND of the NYSED Substitute W-9 Form will need to be completed and returned with original signature(s) to the Education Department program office to which your agency's grant application was sent.

Please print or type all information

Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Name & E-mail Address

Federal Employer Identification Number (FEIN): □□□□□□□□□□

NYS Vendor Identification Number: *** □□□□□□□□□□

Federal System for Award Management/SAM – Is your Agency Registered?
(Please note that your agency MUST be registered in SAM (& must maintain a CURRENT registration) in order to be awarded federal funds.)

☐ Yes, then provide the following:
(1) Expiration Date on SAM: ______________________
(2) Data Universal Numbering System/DUNS Number used to register : □□□□□□□□□□

☐ No

***If you do not know your agency’s NYS Vendor Identification Number, follow the specific instructions under Section I (c).

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Section II: Agency Profile

1. This agency is a (check one) ☐ Non-Profit Organization ☐ For Profit Organization
2. This agency is a (check one) ☐ Sectarian Organization ☐ Non-sectarian Organization
3. Is this agency chartered or incorporated by the New York State Board of Regents? (Check one) ☐ Yes ☐ No

Section III: Certification

I hereby certify that the information herewith provided is to the best of my knowledge both accurate and true.

______________________________________________________________
Chief Administrative Agency Official/Authorized Designee (Please Print)

______________________________________________________________
Title

______________________________________________________________
Signature - Chief Administrative Agency Official/Authorized Designee

______________________________________________________________
Date
I have reviewed the payee information contained herein and hereby approve this agency for payment.

Program Manager (Please Print)

Signature - Program Manager

Deputy Area/Program Office

Date

Reviewer: ____________________________ Date: ____________________________

Institution ID: 8 0 0 0 0 0

Institution Type: yes no

Interest Eligible: yes no

SED Agency Number/BEDS Code (if applicable): 

Institution Subtype: 

Grants Finance
INSTRUCTIONS FOR COMPLETING NYSED FORMS: PAYEE INFORMATION/PI & SUBSTITUTE W-9

Complete all sections of the form(s) in accordance with the instructions provided below.

Section I: Institution Identifying Information:

a) Provide the following information: exact legal name of the agency, name & e-mail address of the agency contact person.

b) FEIN – This is your agency’s 9 digit federal employer identification number, often referred to as the tax identification number or TIN.

c) NYS Vendor Identification Number – This is a 10 digit number assigned by the Office of the State Comptroller (OSC) to your agency for the purpose of doing business with the State of New York.

   If you know your agency’s number, provide it on the Payee Information/PI Form.

   If you do not know your agency’s number, contact the NYS Statewide Financial System (SFS) helpdesk at helpdesk@sfs.ny.gov to obtain it so that it can be provided on the PI Form.

   If SFS notifies you that your agency does not yet have a vendor identification number – Complete the NYSED Substitute W-9 provided herein according to the instructions on the form. Submit both forms (PI and the NYSED Substitute W-9) as both will be required for payments to your agency.

d) Federal System for Award Management (SAM) – This is a Web-enabled, government-wide application that collects, validates, stores & disseminates business information about the federal government’s trading partners in support of contract awards, grants, & electronic payment processes. It replaced the government-wide registry for organizations doing business with the federal government known as Central Contractor Registration (CCR). To register in SAM, go to http://www.sam.gov & click on the “Create an Account” link. Upon registration, your agency will be given an “Expiration Date.

   Special Note - Failure to register in SAM or to renew your agency’s registration (“Expiration Date”) may delay the awarding of funds and/or payments through NYSED.

e) Data Universal Numbering System/DUNS Number – This is a 9 character number issued by Dun & Bradstreet that identifies your agency. It is used by the federal government to track how federal grant funds are allocated & expended by NY State, the State Education Department, and local agencies. To search for your agency’s DUNS number or to register for one, go to Dun & Bradstreet’s website: http://fedgov.dnb.com/webform/displayHomePage.do.

   Since it is possible for an agency to have multiple DUNS numbers, please provide the DUNS number that was used to register your agency in SAM.

Section II: Agency Profile

- Question 1 - Self-explanatory.
- Question 2 – A sectarian organization is defined as one which is affiliated with a particular religious group. A non-sectarian organization has no religious affiliation.
- Question 3 - "Chartered or incorporated" here means created by the NYS Board of Regents.
- Question 4 - Self-explanatory.

Section III: Certification - Be sure to complete this section with an original signature.

Important Notes:

Changes to Vendor Information - If any of the information maintained by OSC in its vendor file changes, please contact OSC directly at VendUpdate@osc.state.ny.us.

Electronic Payments - If your agency is not already signed up to receive payments electronically through ACH (Automated Clearing House), please enroll directly with OSC at http://www.osc.state.ny.us/epay/index.htm.