

# 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).

## Section II: Agency Profile

- This agency is a (check one)  Non-Profit Organization  For Profit Organization
- This agency is a (check one)  Sectarian Organization  Non-sectarian Organization
- 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

SED USE ONLY: Deputy Area/Program Office

Institution ID: 

8	0	0	0	0	0
---	---	---	---	---	---

--	--

--	--	--	--

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

\_\_\_\_\_  
Program Manager (Please Print)

\_\_\_\_\_  
Deputy Area/Program Office

\_\_\_\_\_  
Signature - Program Manager

\_\_\_\_\_  
Date

SED USE ONLY: Grants Finance

SED Agency Number/BEDS Code (if applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Institution Type:

--	--	--	--	--	--

Institution Subtype:

--	--	--	--	--	--

Interest Eligible:

**yes**       **no**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## 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](mailto: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](mailto: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>.