



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** (required only if your agency does not have/know its NYS Vendor Identification Number) 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):

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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:

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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):

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Institution Type:

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Institution Subtype:

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Interest Eligible:

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yes

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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 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>.



NEW YORK STATE EDUCATION DEPARTMENT
NYSED SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Payee/Vendor/Organization Information

AGENCY ID:

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Business Corporation ☐ Unincorporated Association/Business ☐ Federal Government
☐ State Government ☐ Public Authority ☐ Local Government ☐ School District ☐ Fire District ☐ Other _____

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

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2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Certification of CEO or Properly Authorized Individual

Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature

Date

Print Name

Phone Number

Email Address

Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization

Contact Person: _____
(Print Name)

Title: _____

Contact's Email Address: _____ Phone Number: (____) _____

Part VI: Survey of Future Payment Methods

Please indicate all methods of payment acceptable to your organization:

[] Electronic

[] Check

[] VISA

**NYS Education Department
Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

Part I: Payee/Vendor/Organization Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name, if applicable.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)¹ or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Certification of CEO or Properly Authorized Individual

Please sign, date and print the authorized individual's name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

Part V: Contact Information

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

Part VI: Survey of Future Payment Methods

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

¹ An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

Standard Data Capture Form

In order for your institution or agency to be officially registered with the State Education Department we need to accurately collect some basic information from you. Please provide the following basic information about your organization:

Legal Name (as contained on a charter, license or other such document):

Physical address (this is the primary address where your organization is located):

Street

City

State

Zip code

Mailing Address (check here ☐ ☐ if this is the same as your physical address)

Street

City

State

Zip code

County of primary location (the county that your primary address is located in):

School District of primary location (the school district where your primary address is located):

Date Established (the date or year that your organization or institution was originally established):

Phone number: () - **Fax number:** () -

Web URL:

Email address:

Name and Title of Chief Administrative Officer (CAO):

CAO's phone number: () - **CAO's e-mail address:**

CAO's fax number: () -

Parent Organization (if applicable):

Please include this form with your completed and signed Payee Information Form