New York State Department of Agriculture & Markets Division of Fiscal Management I0B Airline Drive Albany, NY 12235

CONTRACTOR INFORMATION CHECKLIST

CONTRACT NO.					
Organization's Official Name					
d/b/a					
Address			City		
Contact Person	Title		State		Zip Code
Contact Person's Telephone			s EMail Address		ndor ID Number
Contact Person's Fax		Organization's F Municipal Code		al's Social	Security Number or

SELECT ONLY ONE OF THE FOLLOWING

Partnership

Individual

Limited Liability Company

Governmental	or	Quasi-governmental	Agency

New York Business Corporation

Out of State Business Corporation

Not-for-profit Organization (4)*

COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE

1. Date of Incorporation	2. County	3. State of Incorporation			
4. Authorized to do business in New York State	e 🗌 Yes 🗌 No	5. Charities Bureau Registration or Identification Number (3)*			
6. If a not-for-profit organization, are you regist Bureau pursuant to NYEPTL §8-1.4 and New Y answer number 7.					
8. Reason for Exemption (from exemption determination letter)					
9. FOR GRANTS ONLY - Are you registered in the NYS Grants Gateway? Yes No (All vendors must register) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? Yes No (All not for profits must pre-qualify). For further information on registration and pre-qualification, go to: www.grantsreform.ny.gov					
10. Please give Organization M/WBE percenta See MWBE website: <u>http://www.esd.ny.go</u>		% er information			

Name of Contractor		
Print Name	Title	
Signature	Date	

*SEE Attached for Explanation of Footnotes

- 1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.
- 2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.
- 3. Not-for-profit organizations must either:
 - a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,

or

b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

NYS Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 email: <u>charities.bureau@oag.state.ny.us</u> phone: (212) 416-8401

The statutes governing registration with the Attorney General's Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at: www.oag.state.ny.us/charities/charities.html.

Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to <u>www.grantsreform.gov</u> for registration and prequalification into the NYS Grants Gateway.