



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

PAYEE INFORMATION

In order to receive funds from the NYS Education Department, **ALL SECTIONS** of this form will need to be completed and returned with **original signature** to the Education Department program office as part of your grant application.

Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Telephone Number

Please print or type	Business name, (if different from above)
	Payment/Fiscal Agent (if different from above)
	Address (number, street, and apt. or suite no.) to which checks will be mailed
	City, State, and ZIP code (+ 4 digits) or Foreign City, Country & Postal Code

Federal Employer Identification Number (FEIN) of this agency is: -

* Provide FEIN of recipient agency regardless of payment/fiscal agent

Municipality Code (if agency is a local government):

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
4. Is any member of the Board of Directors an employee of the NYS Education Department?
 Yes, please name _____ No

Section III: Charity Registration Number Status (NON-PROFIT ORGANIZATIONS ONLY)

Answer **ONE** of the four questions listed below.

1. The charity registration number (**NOT** a tax exempt or Federal ID number) of this organization is:
_____.
2. This organization has applied for a charity registration number from the Department of State but has not as yet been notified of the authorized number granted.
3. This organization is exempt from the requirement of registering with the Department of State as a charitable organization because it receives less than \$25,000 in total from governmental agencies.

4. This organization is exempt from the requirement of registering with the Department of State as a charitable organization pursuant to the Department of State Exemption Category indicated below (Please read attached Bulletin No. G-79 and the Summary of Exemption Categories and check **ONE** Exemption Category listed below, if applicable).

- Exemption Category 1 Exemption Category 2 Exemption Category 3 Exemption Category 4
 Exemption Category 5 Exemption Category 6 Exemption Category 7 Exemption Category 8

Section IV: 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)**

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.

Deputy Area **(Please Print)**

Program Office **(Please Print)**

Program Manager **(Please Print)**

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: **yes** **no**

Reviewer: _____

Date: _____

Instructions for Completing Payee Information form (PI)

Payee Information Form (PI)

◆ **Section I: Institution Identifying Information**

Exact Legal Name of Agency. The official name of your local government.

Contact Person/Telephone Number. The name and phone number of the person who will be able to answer questions about this project, especially its budget. This will generally be either the RMO or the project director.

Address. The State Education Department's Grants Finance Unit will use this information whenever it needs to contact a local government about its fiscal reporting.

Federal Employer Identification Number (FEIN). Your Tax Identification Number. If you do not have a FEIN Number, please contact the IRS at 1-800-829-1040 for assistance.

Municipality Code. Your Municipality Code, **not** your SED code. If you do not have a Municipality Code, please contact the New York State Comptroller's Office at (518) 474-6975 for assistance.

◆ **Section II: Agency Profile**

Non-Profit Organization. Local governments are non-profit organizations.

Non-Sectarian Organization. Local governments are non-sectarian organizations.

◆ **Section III: Charity Registration Number Status**

This section does not apply to LGRMIF grants.

◆ **Section IV: Certification**

The chief administrative officer or designee must sign in blue ink. This must be the same person who signs the FS-20 (*Budget Summary*, page 2).

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 Executive Officer (CEO):

CEO's phone number: () -

CEO's e-mail address:

CEO's fax number: () -

Parent Organization (if applicable):

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