



Grants Administration Unit
Cultural Education Center, Albany, NY 12230

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):