

New York State Department of Agriculture and Markets

SUBMISSION DOCUMENTS

To be completed by Applicant	APPLICATION RESPONSE ITEM	FOR AGR USE ONLY
	The following forms and documentation must be submitted at the time of application submission.	
<input type="checkbox"/>	Contractor Information Checklist	<input type="checkbox"/>
<input type="checkbox"/>	Substitute W-9	<input type="checkbox"/>
<input type="checkbox"/>	Executive Order 177	<input type="checkbox"/>
<input type="checkbox"/>	Vendor Assurance of No Conflict of Interest	<input type="checkbox"/>
<input type="checkbox"/>	Vendor Integrity Questionnaire	<input type="checkbox"/>
<input type="checkbox"/>	Grants Gateway Registration Form. Mail this form directly to: NYS Grants Reform, 99 Washington Avenue, Suite 1500, Albany, NY 12210-2814	<input type="checkbox"/>
One of the following forms of Workers Compensation Insurance proof is required:		
Website:	<i>Worker's Compensation Documentation</i> http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp	
<input type="checkbox"/>	Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or Form U-26.3 issued by the State Insurance Fund; OR	<input type="checkbox"/>
<input type="checkbox"/>	Form SI-12 – Certificate of Workers' Compensation Self-Insurance; or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	CE-200 Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker's compensation and/or Disability Benefits Insurance is not required OR	<input type="checkbox"/>
One of the following forms of Disability Insurance proof is required:		
Website:	<i>Disability Benefits Coverage</i> http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp	
<input type="checkbox"/>	Form DB-120.1 - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	Form DB-155 - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>

NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS
DIVISION OF FISCAL MANAGEMENT
 10B Airline Drive
 Albany, New York 12235
 (518) 457-4619

CONTRACTOR INFORMATION CHECKLIST

CONTRACT NO.

Organization's Official Name			
d/b/a			
Address			City
Contact Person	Title	State	Zip Code
Contact Person's Telephone		Contact Person's E-mail Address	NYS Vendor ID Number
Contact Person's Fax		Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)*	

SELECT ONLY ONE OF THE FOLLOWING

- | | |
|--|--|
| <input type="checkbox"/> Governmental or Quasi-governmental Agency | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> New York Business Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Out of State Business Corporation | <input type="checkbox"/> Individual |
| <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Charities Bureau Registration or Identification Number (3)*	
6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer number 7.	7. Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer number 8.	
8. Reason for Exemption (from exemption determination letter)		
9. FOR GRANTS ONLY - Are you registered in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All vendors must register) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> 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 MWBE percentage goal _____% See MWBE website: http://www.esd.ny.gov/MWBE.html for further information		

Name of Vendor

Print Name

Signature

Title

Date

***SEE Attached for Explanation of Footnotes**

INSTRUCTIONS FOR COMPLETING SUBSTITUTE CONTRACTOR INFORMATION CHECKLIST

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 Vendor Information Checklist,

or
 - b) Insert their Charities Bureau Identification Number in Section 5 of the Vendor Information Checklist and the category of exemption in Section 8 of the Vendor 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: charities.bureau@oag.state.ny.us
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.

4. **FOR GRANTS ONLY** - Please go to www.grantsreform.gov for registration and pre-qualification into the NYS Grants Gateway.



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

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

Part I: Vendor Information

1. Legal Business Name:

2. Business name/disregarded entity name, if different from Legal Business Name:

3. Entity Type (Check one only):

- Individual Sole Proprietor
 Partnership
 Limited Liability Co.
 Corporation
 Not For Profit
 Trusts/Estates
 Federal, State or Local Government
 Public Authority
 Disregarded Entity
 Other _____

Exempt Payee

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

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

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

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. Remittance Address:

2. Ordering Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Email Address

Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor

Primary Contact Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Part V: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):
 - I am not subject to backup withholding.** I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or
 - I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Sign Here:

_____ Signature

_____ Title

_____ Date

_____ Print Preparer's Name

_____ Phone Number

_____ Email Address

DO NOT SUBMIT FORM TO IRS – SUBMIT FORM TO NYS ONLY AS DIRECTED

NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor 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. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

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

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

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

Part III: Address

1. **Remittance Address:** Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. **Ordering Address:** Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

Part V: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

EXECUTIVE ORDER No. 177 CERTIFICATION

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identify, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training practices in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: _____

Name: _____

Title: _____

Signature: _____

Date: _____, 20_____

Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this [RFP/Contract], as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this [RFP/Contract] does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State;
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State;
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State;
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State resulting from this RFP; .
5. During the negotiation and execution of any contract resulting from this RFP, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this RFP, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment,

hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Firms responding to this [RFP/Contract] should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title:

Signature:

Date:

This form must be signed by an authorized executive or legal representative.

Vendor Integrity Questionnaire

(vendors with total grants of \$5,000 or less)

New York State has the responsibility to ensure that grant funds are spent in a transparent manner that provides benefit to the public. To this end, potential not-for-profit vendors are required to complete this form, have it notarized, and send it in to your agency contract manager as part of the standard State contracting process. This form will not be accepted unless completed in its entirety, and if any responses are "yes", additional comments are required. Note that any change in your responses to the questions below (i.e., if something changes as to cancellation of a contract), requires this certification to be resubmitted.

No.	Question	Response (Yes or No)	Comments
1	Within the past five years, have you or any of your affiliates been suspended or debarred from any contracting process or been disqualified on any government procurement?		
2	Within the past five years, have you or any of your affiliates been subject to a denial or revocation of a government prequalification?		
3	Within the past five years, have you or any of your affiliates been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?		
4	Within the past five years, have you or any of your affiliates been suspended, cancelled or terminated for cause on any contract?		
5	Within the past five years, have you or any of your affiliates had a revocation, suspension, or disbarment of any business or professional permit and/or license?		
6	Within the past five years, have you or any of your affiliates been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?		
7	Within the past five years have you or any of your affiliates been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?		

No.	Question	Response (Yes or No)	Comments
8	Within the past five years, has any individual previously identified, any other key employees not previously identified or any individual having the authority to sign, execute, or approve bids, proposals, contracts or supporting documentation with New York State been subject to an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?		
9	Within the past five years, has any individual previously identified, any other key employees not previously identified or any individual having the authority to sign, execute, or approve bids, proposals, contracts or supporting documentation with New York State been subject to an indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?		
10	Within the past five years, have you or any of your affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?		
11	During the past three years have you failed to file any returns, including, if applicable, federal Form 990, with any Federal, State or Local government entity?		
12	During the past three years have you failed to file returns or pay New York State Unemployment Insurance? If yes, indicate the years you failed to file/pay the insurance and the current status of the liability.		

No.	Question	Response (Yes or No)	Comments
13	During the past three years, have you failed to file documentation requested by any New York State agency, public authority or other quasi-state entity, with the Attorney General of the State of New York, or with any other local, State or federal entity that has made a formal request for information? If yes, indicate the years you failed to file the requested information and the current status of the matter.		
14	Has the grantee or any of the grantee's related parties paid any third party or agent, either directly or indirectly, to aid in the securing of this grant?		
15	Has the grantee or any of the grantee's related parties agreed to select specific consultants, contractors, suppliers or vendors to provide goods or services in connection with the grant-funded project as a condition of receiving the grant?		
16	Will any consultants, contractors, suppliers and vendors selected to provide goods or services in connection with the grant funded project result in a conflict of interest, or if consultants, suppliers and vendors retained in connection with the grant funded project have already been selected, could their selection result in a conflict of interest?		
17	Does the sponsor(s) (where "sponsor means any Assembly member, or State Senator who arranged for or procured the grant) or any related parties to sponsor(s) (where related party means a spouse, child, parent, sibling, in-law, roommate, partner employee, director officer or agent) have any direct or indirect financial benefit from the funded project?		

MANDATORY CERTIFICATION

By signing my name below, I certify:

- I am authorized on behalf of the applicant and its governing body to submit this information.
 - All of the information contained herein and all statements, data and supporting documents which have been made or furnished, are true and correct and complete to the best of my knowledge and belief.
 - I recognize that this questionnaire is submitted for the express purpose of assisting New York State in making responsibility determinations regarding an award of contracts or grants or approval of a subcontract.
 - I acknowledge that New York State will rely on such information disclosed by me.
 - I acknowledge that New York State may, in its discretion, by means which it may so choose, verify the truth and accuracy of all statements made herein.
 - I understand that if any change occurs in the information I have provided, that I will promptly notify the State of such changes and that failure to notify the State of such changes will constitute cause of disapproval of any application or revocation of any agreement made with the State.
 - I understand that any false statement or misrepresentation will constitute cause for disapproval of any application or revocation of any agreement made with the State upon which such information was relied.
 - **I further acknowledge that my submission of this document, knowing that it contains a false statement or false information, constitutes a crime under New York State law, and that I may be prosecuted and subject to a fine and/or a term of imprisonment if so convicted of such a crime.**
-

[NAME OF INDIVIDUAL COMPLETING THIS FORM]

Date

SIGNATURE: _____

State of New York;

County of _____.

On the _____ day of _____ in the year 20____ before me, the below-signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Organization Information		
Legal Name		
Doing Business As (DBA) Name (if applicable)		
Federal ID	SFS Vendor ID (if applicable)	
DUNS Number (if applicable)		
Street Address 1		
Street Address 2		
City	State	Zip
Organization Type		
Check <u>one</u> :		
Not for Profit	For Profit	Governmental Entity
Prequalification Exemption Request**	Tribal Organization	Individual
Delegated Administrators		
Last Name	First Name	
Title	Phone Number	
Email*		
Last Name	First Name	
Title	Phone Number	
Email*		
Authorization		
<p>This section is to be completed by the Head of the Organization (i.e. Executive Director or comparable title). I hereby authorize the Delegated Administrators identified above to manage users within the Grants Gateway on behalf of my organization. I understand that my organization is solely responsible for all activities undertaken within the Grants Gateway by users associated with my organization.</p>		
Head of Organization		
Title	Phone Number	
Email*		
Signature	Date	
Acknowledgement to be completed by a Notary Public		
State of	County of	
On the	day of	in the year
before me, the undersigned, personally appeared		
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.		
Notary Public Signature		
Notary Public Stamp		

*This should be an individual email address; confidential user information will be sent to this address

**See Instructions, Page 2

New York Grants Gateway

Instructions for completing the Registration Form for Administrator

ALL INFORMATION ON THIS FORM IS REQUIRED UNLESS EXPLICITLY INDICATED OTHERWISE.

Organization Information

- Legal Name - Enter as it appears on the Articles of incorporation or Business Certification.
- Doing Business As (DBA) Name - Enter if your organization is doing business under a name other than the Legal Name shown above.
- Federal ID - Enter your 9 digit Federal ID.
- SFS Vendor ID - Enter your 10 digit SFS Vendor ID. If your organization does not have an SFS Vendor ID you will have to submit a completed Substitute W-9 form with this form. You can get a copy of the Substitute W-9 form at http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf.
- DUNS Number - Enter your organizations 9 digit DUNS Number if it has one.
- Address - Enter your address.

Organization Type

- Select one Organization Type
- *****Generally, not for profit organizations must meet Prequalification requirements prior to applying for grants and receiving contracts. However, certain categories of not for profits are exempt from this requirement. A complete listing of exemption types and an Exemption Request form is available on the [Grants Reform Website](#). If your organization meets the requirements for an exemption, check the "Prequalification Exemption Request" box. Note that a complete Exemption Request Form and the required supporting documentation, available and listed on the website, must accompany the Registration Form for Administrator.***

Delegated Administrators

- All organizations wishing to utilize the Grants Gateway must designate two Delegated Administrators to authorize and monitor access to the system for your organization. Two Delegated Administrators are necessary in order to provide both backup and continuity for your organization. In addition, if a Delegated Administrator leaves your organization the second Delegated Administrator is your only user with the authorization to inactivate the Delegated Administrator that left.
- The Delegated Administrator is responsible for maintaining all aspects of the organization's user information. This includes adding users, assigning roles, ensuring user's information is current and deactivating users in a timely fashion if necessary.
- Enter the Last Name, First Name, Title, Phone Number and Email Address for each Delegated Administrator. The Email Address should be an individual address since confidential information such as username and password will be sent to this address. An organization email address accessible by multiple persons should not be used.

Authorization

- This section must contain information on the Head of the Organization - Chief Administrative Officer, Executive Director, CEO or comparable title.
- Enter the Last Name, First Name, Title, Phone Number and Email Address for the Head of the Organization.
- The Head of the Organization must sign and date the form.

Acknowledgement to be completed by a Notary Public

- This section must be completed by a Notary Public.

Submission Instructions

- Mail completed form to: **NYS Grants Reform, 99 Washington Avenue, Suite 1500, Albany, NY 12210-2814.**
- Include an organization chart that shows the Head of your Organization.
- New Vendors must request an SFS ID. Include a completed copy of Substitute W-9 with this submission.

Assistance

- If you need assistance email grantsreform@its.ny.gov

Proof of Workers Compensation and Disability Insurance

Effective December 1, 2008; the Workers' Compensation Law (WCL) requires all municipalities and state entities to ensure that anyone that we do business with have appropriate workers' compensation and disability benefits insurance coverage.

Please be aware that we require **one form of proof for each section.**

Section A

To comply with coverage provisions regarding **workers' compensation, businesses must:**

- be legally exempt from obtaining workers' compensation insurance coverage ; OR
- obtain such coverage from insurance carriers; OR
- be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

Your business **MUST provide ONE** of the following forms to our department naming NYS Department of Agriculture and Markets as the entity requesting proof. **ACORD forms are NOT acceptable proof of workers' compensation coverage!**

- **CE-200*** Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, that NYS Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
- **SI-12** Certificate of Workers' Compensation Self Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247) OR GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Section B

To comply with coverage provision of the WCL regarding **disability benefits, businesses may:**

- be legally exempt from obtaining disability benefits insurance coverage
- obtain such coverage from insurance carriers; or
- be self-insured

In an effort to process your contract you **must** provide **ONE** of the following forms to Fiscal Management, NYS Department of Agriculture & Markets:

- **CE-200*** Certificate of Attestation for New York Entities W/ No Employees & Certain Out of State Entities, that NYS Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required; OR
- **B-120.1** Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request; OR
- **DB-155** Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

** Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the customer Service Center at any District Office of Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*