**Providing this information will allow us to keep accurate records and insure that you receive contract related information in a timely manner.**

|  |  |
| --- | --- |
| **Name of Program:** | Expanding Safe and Supportive Medical and/or Procedural Abortion Access in New York State Phase Two |
| **SFS\* Payee Name (if applicable):** |  |
| **SFS Vendor ID # (if applicable):** |  |
| **GG Vault ID # (if applicable):**  |  |
| **DOS Incorporated Name:** |  |
| **DUNS Number** |  |
| **Unique Entity ID (SAM.GOV)** |  |

**Grantee is:** [ ]  **Not for Profit** [ ]  **Gov’t Entity/Facility** [ ]  **For Profit**

**Grantee is:** [ ]  **Non-Sectarian** [ ]  **Sectarian**

**Counties Served (Check all that apply):**

|  |
| --- |
| [ ]  **Statewide (all counties)** |
| [ ]  **Albany** | [ ]  **Allegany** | [ ]  **Bronx** | [ ]  **Broome** |
| [ ]  **Cattaraugus** | [ ]  **Cayuga** | [ ]  **Chautauqua** | [ ]  **Chemung** |
| [ ]  **Chenango** | [ ]  **Clinton** | [ ]  **Columbia** | [ ]  **Cortland** |
| [ ]  **Delaware** | [ ]  **Dutchess** | [ ] **Erie** | [ ]  **Essex** |
| [ ]  **Franklin** | [ ]  **Fulton** | [ ]  **Genesee** | [ ]  **Greene** |
| [ ]  **Hamilton** | [ ]  **Herkimer** | [ ]  **Jefferson** | [ ] **Kings** |
| [ ]  **Lewis** | [ ]  **Livingston** | [ ]  **Madison** | [ ]  **Monroe** |
| [ ]  **Montgomery** | [ ]  **Nassau** | [ ]  **New York** | [ ]  **Niagara** |
| [ ]  **Oneida** | [ ]  **Onondaga** | [ ]  **Ontario** | [ ]  **Orange** |
| [ ]  **Orleans** | [ ]  **Oswego** | [ ]  **Otsego** | [ ]  **Putnam** |
| [ ]  **Queens** | [ ]  **Rensselaer** | [ ]  **Richmond** | [ ]  **Rockland** |
| [ ]  **Saratoga** | [ ]  **Schenectady** | [ ]  **Schoharie** | [ ]  **Schuyler** |
| [ ]  **Seneca** | [ ]  **St. Lawrence** | [ ]  **Steuben** | [ ]  **Suffolk** |
| [ ]  **Sullivan** | [ ]  **Tioga** | [ ]  **Tompkins** | [ ]  **Ulster** |
| [ ]  **Warren** | [ ]  **Washington** | [ ]  **Wayne** | [ ] **Westchester** |
| [ ]  **Wyoming** | [ ]  **Yates** |  |  |

*\*SFS = NYS Statewide Financial System* [*http://www.sfs.ny.gov*](http://www.sfs.ny.gov) *\*\*GG = NYS Grants Gateway* [*https://grantsgateway.ny.gov*](https://grantsgateway.ny.gov)

**Please note that all DFH contract communications are sent electronically. Accurate emails will reduce delays in processing contract related materials.**

|  |  |  |
| --- | --- | --- |
| **Board Chairman:**  | **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Contract Signatory:** (person authorized to sign contracts) | **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

**Role Currently Assigned in the Grants Gateway for this role**: ☐ **Grantee** ☐ **Grantee Contract Signatory** ☐ **Grantee System Administrator** ☐ **Grantee Delegated Administrator**

|  |  |  |
| --- | --- | --- |
| **Administrative Contact:** (has administrative responsibility for the agency including providing insurance documents) | **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

**Role Currently Assigned in the Grants Gateway for this role**: ☐ **Grantee** ☐ **Grantee Contract Signatory** ☐ **Grantee System Administrator** ☐ **Grantee Delegated Administrator**

|  |  |  |
| --- | --- | --- |
| **Program Contact:** (works directly with the program) | **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

**Role Currently Assigned in the Grants Gateway for this role**: ☐ **Grantee** ☐ **Grantee Contract Signatory** ☐ **Grantee System Administrator** ☐ **Grantee Delegated Administrator**

|  |  |  |
| --- | --- | --- |
| **Fiscal Contact:** (works with and/or has responsibility for budgetary issues) | **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

**Role Currently Assigned in the Grants Gateway for this role**: ☐ **Grantee** ☐ **Grantee Contract Signatory** ☐ **Grantee System Administrator** ☐ **Grantee Delegated Administrator**

**SIGNATURE OF VENDOR REVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENDOR REVIEWER NAME (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENDOR REVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**