



New York State Emergency Services Revolving Loan Application

INFORMATION FOR APPLICANTS

The New York State Emergency Services Revolving Loan Account was established under 97-pp of the State Finance Law to make loans to cities, villages, fire districts, counties, and towns and not-for-profit fire/ambulance corporations at an annual fixed interest rate of 2.5 percent. Principal and interest payments made by recipients are deposited in the Revolving Loan Account and loaned once again to new applicants. Therefore, funding levels in the account will vary throughout the year depending upon the amount of repayment money, interest accrued, and number of new loans made.

Please do not consider this program your sole source of financing, and use some long-range planning when submitting a request. Sufficient funds **are not** always available to cover all approved requests at the time of a meeting; and, therefore, some loan requests may be approved pending the availability of funds. All applicants will be notified in writing as to the status of their request, and money will be paid out as cash becomes available.

Who May Apply?

A city, village, fire district, or incorporated not-for-profit fire/ambulance company is eligible to apply for a loan. Where a fire protection district exists, a town or a county may apply subject to the limitations specified in Town Law 184 and County Law 225-a.

What Factors Does The Division of Homeland Security and Emergency Services (DHSES) Take Into Consideration?

1. DHSES must give preference to applications that demonstrate the greatest need and to those that will be applied toward attaining compliance with federal and state laws.
2. Loan approvals must be equally distributed among all sectors of the emergency services community and all geographic areas of the state.
3. At least 50 percent of loans must be to applicants whose fire protection or ambulance service members are exclusively volunteers.

Ineligibility

Applications will not be approved if the applicant is in arrears on any prior loan granted under §97-pp, or used state funds to repay all or part of any loan made under §97-pp in the prior ten years.

Loan requests to pay off existing loans, financing charges, or lease agreements will not be considered. This is a **procurement program** and is not to be used for reimbursement of costs already incurred.

Restrictions

Applicants may only apply in one category, and no applicant shall receive a loan more than once in any five-year period.

New York State Emergency Services Revolving Joint Loan Application INCORPORATED NOT-FOR-PROFIT FIRE/AMBULANCE COMPANIES

A. GENERAL INFORMATION

This application is intended for agencies/ entities who are applying as a joint applicant. Each applicant must fill out an application.

Please provide the legal name of parent applicant agency/ entity:

PLEASE TYPE OR PRINT ALL INFORMATION:

Applications should be returned to:

NYS Division of Homeland Security and Emergency Services
1220 Washington Avenue
State Office Campus, Bldg. 7A, Suite 610
Albany, NY 12242

In order to consider your request for a loan, the following information will be needed:

1. Legal Name and Mailing Address of Incorporated Not-for-Profit Fire/Ambulance Company Seeking Loan:

Physical address (if different than mailing address) _____

County _____ Applicant's City _____ Village _____ or Town _____

2. Applicant Federal Tax I.D. #: _____

3. Applicant NYS Vendor ID# _____
*If not assigned, please complete NYS OSC Substitute W-9 form

4. Approximate population of your fire/ambulance company's assigned protection area:

5. Does the fire/ambulance company provide emergency services for any other local governments (does your fire/ambulance company contract for services with other towns, villages, cities, or fire districts)? _____ If yes, name those other areas and the approximate population(s) of each additional area.

_____ with population of _____
_____ with population of _____
_____ with population of _____

6. Fire Company/Volunteer Ambulance Company Profile:
A. Number of Full Time Paid Personnel (FTE): _____ B. Number of Volunteer Personnel: _____

7. If you are applying for an Incorporated Not-for-Profit fire company, attach a copy of your Certificate of Incorporation. Volunteer ambulance companies must include a copy of their Operating Certificate from the Department of Health.

8. If fire/ambulance company provides service to any other local government or contracts for service with towns, villages, cities or fire districts, please attach copies of those contracts.

9. Please provide a copy of your most current balance sheet.

10. Prior year operating budget \$ _____.

11. Attach a copy of your last two years of income and expense reports as well as copies of recent Bank Deposit Account Statements for checking and savings.

12. Reserves or Savings on Deposit: List all reserve funds in existence with the purpose and balance in each account:

	Date of Valuation	Purpose	Balance
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

Are any of these reserves designated for the same purpose as this loan request? Yes _____ No _____

If yes, which line(s)? _____

13. Additional Budgetary Information:

A. Does the fire/volunteer ambulance company receive income under a contract for providing service(s)?
_____ Yes _____ No If yes, how much? \$ _____

14. List outstanding department/ambulance company debts (loans):

Amount	Payment Schedule	Status	Purpose of Debt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Does your company receive anything of value from an independent source (such as use of a building, payment of utilities, use of apparatus, etc.)? Yes _____ No _____

If so, what and set forth an estimate of said value:

_____ \$ _____
_____ \$ _____

16. Does another entity (like the fire district or town fund your fire service organization in any way?

_____ Yes _____ No If yes, please explain.

B. PURPOSE OF LOAN -- YOU CAN ONLY APPLY IN ONE CATEGORY.

1. Firefighting Apparatus: **Include in the Narrative Section (Page 5), a detailed inventory of all vehicles including year, make and model. Also, if you have a long range financial plan for equipment replacement, please explain.**

Maximum Loan: \$550,000 or 75 percent of cost - whichever is less
Maximum Loan Period: \$5,000 -- 5 years: \$5,001 to \$50,000 -- 10 years
Over \$50,000 -- 20 years

<input type="checkbox"/>	New Addition	Total Cost \$ _____
<input type="checkbox"/>	Used Addition	Amount Requested \$ _____
<input type="checkbox"/>	Replacement	Loan Period Requested _____

What is the anticipated useful life, in years, of the Apparatus: _____

2. Ambulance or Rescue Vehicle
Maximum Loan: \$350,000 or 75 percent of cost - whichever is less
Maximum Loan Period: 10 years

<input type="checkbox"/>	New Addition	Total Cost \$ _____
<input type="checkbox"/>	Used Addition	Amount Requested \$ _____
<input type="checkbox"/>	Replacement	Loan Period Requested _____

What is the anticipated useful life, in years, of the Ambulance or Rescue Vehicle: _____

- *3. Personal Protective Equipment (PPE), Communications Equipment or Both
Maximum Loan: \$265,000 in any combination of A or B below; Maximum Loan Period:
Personal Protective Equipment (PPE) - 5 years; Communications - 10 years

A. Personal Protective Equipment (PPE) Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

What is the anticipated useful life, in years, of the Personal Protective Equipment: _____

- *B. Communications Equipment
Describe in the Narrative (Page 5), your present communication system and explain how this loan will improve your capabilities, safety and inter-communication with other emergency service providers. Two-way communications devices asked for must be P25 compliant.

Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

What is the anticipated useful life, in years, of the Communications Equipment: _____

4. Repair or Rehabilitation of Firefighting Apparatus, Ambulance or Rescue Vehicle
Maximum Loan: \$400,000 or 100 percent of cost - whichever is less
Maximum Loan Period: 5 years

A. Firefighting Apparatus
Age of Vehicle _____ Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

What is the anticipated useful life, in years, of the Apparatus after Repair or Rehabilitation: _____

B. Ambulance
Age of Vehicle _____ Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

What is the anticipated useful life, in years, of the Ambulance after Repair or Rehabilitation: _____

C. Rescue Vehicle

Explain in the Narrative (Page 5), the need for rehab and to what standards the rehabbed apparatus will be measured against.

Age of Vehicle _____

Total Cost \$ _____

Amount Requested \$ _____

Loan Period Requested _____

What is the anticipated useful life, in years, of the Rescue Vehicle after Repair or Rehabilitation: _____

*5. Accessory Equipment (Please identify in Narrative)

Maximum Loan: \$175,000

Maximum Loan Period: 5 years

Total Cost \$ _____

Amount Requested \$ _____

Loan Period Requested _____

What is the anticipated useful life, in years, of the Accessory Equipment: _____

**6. Renovation, rehabilitation or repairing facilities that house firefighting equipment, ambulances, rescue vehicles and related equipment

Maximum Loan: \$500,000 or 75 percent of cost - whichever is less

Maximum Loan Period:

Class A -- Fireproof -- 20 years

Class B -- Fire resistant -- 15 years

Class C -- 10 years

Be sure to include in the Narrative (Page 5), the present age of facility and reason (structural, cosmetic, expansion, etc).

Total Cost \$ _____

Amount Requested \$ _____

Loan Period Requested _____

What is the anticipated useful life, in years, of the facility after Renovation, rehabilitation or repair: _____

**7. Construction costs associated with the establishment of facilities that house firefighting equipment, ambulances, rescue vehicles and related equipment

Maximum Loan: \$750,000 or 75 percent of cost - whichever is less

Maximum Loan Period:

Class A -- Fireproof -- 30 years

Class B -- Fire Resistant -- 25 years

Class C -- 15 years

_____ Replacement new construction
_____ an additional facility

Total Cost \$ _____

Amount Requested \$ _____

Loan Period Requested _____

What is the anticipated useful life, in years, of the Facility: _____

* Refer to Definitions, Restrictions and Inclusions on page 9

** Refer to Definitions, See § 11(a), 11(b) and 11(c) of the Local Finance Law, copied section on pages 9-10

*8. Construction costs associated with the establishment of facilities for the purpose of live fire training

Maximum Loan: \$400,000 or 75 percent of cost - whichever is less

Maximum Loan Period: 15 years

Total Cost \$ _____

Amount Requested \$ _____

Loan Period Requested _____

What is the anticipated useful life, in years, of the Facility: _____

A loan for this purpose will not be granted if another live fire training facility is located within the boundaries of the county or within 25 miles of the site you wish to construct. Please be sure your "Narrative" addresses this issue clearly. Also, you must clearly describe in the "Narrative" Section of this application exactly how your training facility will be used and how it could be shared with neighboring departments and/or mutual aid facilities and local agencies. Explain how this construction is compliant with NFPA 1403 and whether or not it will be a totally non-combustible site.

* Refer to Definitions, Restrictions and Inclusions on page 9

** Refer to Definitions, See § 11(a), 11(b) and 11(c) of the Local Finance Law, copied section on pages 9-10

C. NARRATIVE SECTION (Please Type)

In the NARRATIVE SECTION below, please explain to us who you are (fire department, municipality, EMS, etc...).

Tell us a little about the geographic area that your organization serves and any unique characteristics or problems in the area that would support your request for financial assistance such as: is this an industrial area, commercial area, rural area, college town, nuclear site area, State Park or preserve area, correctional facility site, and/or any other identified risk/problem area.

Show how receipt of these funds will improve firefighter safety or firefighting operations or prevent an escalating problem in your service area.

If purchasing apparatus, ambulance or rescue vehicle, you must include or list out a detailed inventory of all types of vehicles in your fleet including the year, make and model.

Please explain the conditions that led you to apply for this loan or any specific information about your current economic situation so that we understand your financial need. Perhaps you might want to explain your department's income and expenses in recent years or highlight any hardships currently being faced. Please tell us if you have previously attempted to fund your current needs and what the outcome of that was. Remember, you are attempting to persuade someone to loan a significant amount of money to your organization.

PLEASE NOTE: The Division of Homeland Security and Emergency Services may disapprove any application which contains inadequate demonstration of need or which would result in inequitable or inefficient use of the monies in this account relative to other applications under consideration at the time of review.

Due to the lack of adequate space to fully explain your project, please attach your narrative to this application.

Since cash is not always available at the time a loan has been approved and, because each applicant has a different financial timetable, please indicate on or about when you would need to receive disbursement of your award. _____

D. PROGRAM CONTACT SHEET

The following information is necessary for review and follow-up to your loan application. **PLEASE TYPE** all information. At the minimum, we must have information on the Local Official and a Daily Contact Person.

NAME AND TITLE	ADDRESS	TELEPHONE/FAX #S
Official Authorized To Sign Documents		Telephone: Mobile # Fax: Email:
Alternate Official Authorized To Sign		Telephone: Mobile # Fax: Email:
Daily Contact Person		Telephone: Mobile #: Fax: Email:

Legal Name and Mailing Address of Applicant:

FOR AGENCY USE ONLY: Do Not Write In This Space

Agreement # _____

Approval Date _____

Amount Approved _____ Term of Loan _____

E. SIGNATURE/NOTARY PAGE

I hereby certify that the information presented in this application is true and accurate and that I am authorized by Resolution to apply for a loan and to borrow from the New York State Emergency Services Revolving Loan Fund on behalf of _____ . Said Resolution herewith submitted.

See the following page for items that must be included in your Resolution. Applications submitted *without* a Resolution will not be forwarded to the Division of Homeland Security and Emergency Services until a proper resolution has been received by our office.

By signing and submitting this application you are agreeing to the terms of the contract. Sample contracts can be viewed at www.dhSES.ny.gov/ofpc/services/loan

Signature of Authorized Official

Title

Date

STATE OF NEW YORK }
COUNTY OF _____ } ss:

On the _____ day of _____, 20_____, before me personally appeared _____ to me known, who being by me duly sworn, did depose and say that (s)he resides at _____; that (s)he is the _____ of _____, the fire/volunteer ambulance company described herein which executed the foregoing instrument; and that (s)he signed (her)his name thereto by order of the board of trustees of said company.

NOTARY PUBLIC

REQUIREMENTS FOR RESOLUTION

The purpose of the resolution is to demonstrate that the governing body officially supports the application and the proposed project. The following terms are not intended to be an exclusive list of items which may be included in a resolution. A resolution may be modified or revised by the involved parties.

ITEMS WHICH MUST BE INCLUDED IN THE RESOLUTION

- 1) **Authorization to Apply for the Loan:** The governing body of each applicant must authorize a person by name and title (and his/her designee, if appropriate), to submit an application to the NYS Emergency Services Loan Program. The resolution should authorize that Person to execute all financial and/or administrative processes relating to the grant program.
- 2) **Funding Request:** The resolution must indicate the maximum amount of money being applied for through this program. This amount should correspond with the "Amount of Loan Requested" on the application form.
- 3) The resolution must include the **vote** of the governing body members and certification of the vote by the clerk or board secretary.

Recommendations: The resolution may contain any additional activities related to the project that also needs the approval of the governing body.

Definitions, Restrictions and Exclusions

- (1) Personal Protection Equipment must meet OSHA or PESH standards and applicable NFPA standards.
- (2) Communications Equipment must be, to the maximum extent practicable, compatible with the communications equipment of adjacent services and jurisdictions;
- (3) Accessory Equipment is necessary equipment to support the ordinary functions of firefighting, emergency medical services or rescue activities. Excludes communications equipment, protective equipment and motor vehicles together with their fixtures and appointments;
- (4) Construction costs shall not include fees for design, planning, preparation of applications or other costs not directly attributable to land acquisition or construction.
- (5) "Fire Companies" means (i) a fire company, the members of which are firefighters, volunteer, paid or both, of a county, city, town, village, fire district or fire department, or (ii) a fire corporation, the members of which are firefighters, volunteer, paid or both, providing fire protection pursuant to a fire protection contract within a fire protection district of a town.
- (6) "Volunteer ambulance service" means an individual, partnership, association, corporation, municipality or any legal or public entity or subdivision thereof engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft or other form of transportation to or from facilities providing hospital services which is (i) operating not for pecuniary profit or financial gain, and (ii) no part of the assets or income of which is distributable to, or inures to the benefit of its members, directors or officers.
- (7) No applicant shall receive a loan for any purpose more than once in any five year period.
- (8) Loan money cannot be used to pay off an existing loan.
- (9) Must not in the prior 10 years have used state funds to repay all or a part of any loan made under §97pp of the State Finance Law.
- (10) Construction costs associated with the establishment of facilities for the purpose of live fire training. A loan for this purpose shall not be granted if another live fire training facility is located within the boundaries of the county or within twenty-five miles. A loan for this purpose shall not exceed the lesser of two hundred fifty thousand dollars or seventy-five percent of the cost of construction, or be used for the payment of fees for design, planning, preparation of applications or other costs not directly attributable to land acquisitions or construction.

** (11) NYS Local Finance Law: § 11.00: NY Code - Section 11.00: Periods of probable usefulness

11. Buildings. The acquisition or construction of buildings not included in any other subdivision hereof, whether or not including grading or improvement of the site, original furnishings, equipment, machinery or apparatus required for the purposes for which such buildings are to be used, as follows:

(a) Class "A" (fireproof and certain fire resistant) buildings.

(1) Buildings, the walls of which are constructed of brick, stone, concrete, metal or other incombustible material, and in which there are no wooden beams or lintels, except wood glue laminated structural members, and in which the floors, roofs, stair halls, and other means of vertical communication between floors and their enclosures are built entirely of brick, stone, metal or other incombustible materials, and in which no woodwork or other inflammable material is used in any of the rough partitions, floor or ceiling structures, or

(2) Buildings, not more than one story above the ground, the outer walls of which are constructed of brick, stone, concrete, metal, stucco or other fire-resisting material and which are to be used as school houses by school districts wholly outside of a city, thirty years.

(b) Class "B" (fire-resistant) buildings. Buildings, the outer walls of which are constructed of brick, stone, concrete, metal, stucco or other fire-resisting material, twenty-five years.

(c) Class "C" buildings. Buildings which are neither class "A" nor class "B", as defined in items (a) and (b) above, including any such building which is rebuilt or altered so that it, together with any

addition or vertical or other extension, is not fire-proof or fire-resisting, as thus defined, fifteen years.

DHSES/OFPC is also looking for accompanying documentation that will clearly define the building class applied for. An example would be engineered drawings with descriptive wording of building materials to be used for construction. OFPC personnel will be looking at the proposed construction drawings to validate the class of construction as it relates the terms of the loan.

(12). Project 25 (P25) is the standard for the design and manufacture of interoperable digital two-way wireless communications products.

Applicant Checklist Worksheet

Please use the checklist to insure a complete application

- ___ Correct Legal Name and Address
- ___ All applicable ID numbers included (Federal Tax ID, NYS Vendor ID, etc)
- ___ Correct category chosen and amount requested and term, if applicable, indicated
- ___ If applying for funding to renovate an existing building or for new construction provide engineered drawings that indicate NYS Building Code Type of construction to meet term asked for
- ___ Current budget documents showing variance numbers
- ___ Budget document for last completed fiscal year showing variance numbers
- ___ Final report for the latest completed fiscal year. No older than 12 months
- ___ Any accountant report from any audit less than 12 months old
- ___ List of all reserve accounts with a bank or financial institution statements for each
- ___ List of all debt with bank or financial institution certifying the list
- ___ Narrative complete
- ___ All contacts listed have accurate addresses and phone numbers
- ___ Application notarized
- ___ Copy of authorization for application by governing body and authorized person listed
- ___ Copy of governing board resolution to request funding, include amount and vote tally
- ___ Completed and signed MWBE requirement document



LOAN APPLICANT’S MINORITY & WOMEN’S BUSINESS ENTERPRISE
AND EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENT

Name of Loan Applicant: _____

County: _____

Pursuant to New York State Executive Law Article 15-A, New York State Division of Homeland Security and Emergency Services recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Division of Homeland Security and Emergency Services contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Division of Homeland Security and Emergency Services establishes goals for maximum feasible participation of New York State Certified minority and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

The Applicant (defined above) will comply with the provisions of the Minority & Women’s Business Enterprise and Equal Employment Opportunity (MWBE-EEO) requirements of Article 15-A of the New York State Executive Law and all other requirements as prescribed by the New York State Division of Homeland Security and Emergency Services (NYS DHSES) by providing opportunities for MBE/WBE participation, and will maintain such records and take such actions necessary to demonstrate such compliance throughout the life of this loan.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

I hereby certify that the _____ will abide by the equal employment opportunity (EEO) policy statement provisions outlined below.

- (i) A statement that the applicant will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status against any employee or applicant for employment, will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination and will make and document its conscientious and active efforts to ensure all sub-contractors employ and utilize minority group members and women in its work force on contracts related to this loan.
- (ii) An agreement that all of the applicant's solicitations or advertisements for vendors will state that, in the performance of the contracts relating to this loan, all qualified vendors will be afforded equal opportunities without discrimination on the basis of race, creed, color, national origin, sex, age, disability or marital status.
- (iii) An agreement to request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein.

All applicants shall, as a precondition to entering into a valid and binding contract relating to this loan, agree to the provisions set forth in (i), (ii), and (iii).

Successful applicants will be required to complete and submit a NYS DHSES Local Assistance MWBE Subcontractor/Supplier Utilization form prior to contract. Successful applicants will also be required to complete and submit a NYS DHSES Local Assistance MWBE Equal Opportunity Staffing Plan for the applicant as well as all sub-contractors paid with funds from this loan.

Applicant further understands and agrees that failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract. In accordance with 5 NYCRR §142.13, Applicant acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and NYS DHSES may withhold payment from the Contractor as liquidated damages. Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

Applicants' Designated Minority & Women's Business Enterprise Officer (MBO)

The applicant's designated Minority & Women's Business Enterprise Officer is responsible for administering the Applicant's MWBE-EEO program.

Applicant's Designated MBO Name: _____

Applicant's MBO Phone No.: _____

Applicant's MBO Email Address: _____

Applicant's MBO Mailing Address: _____

Emergency Services Revolving Loan Program MBE/WBE Services and Commodities Goals:

The WBE Participation Goal is 15%

The MBE Participation Goal is 15%

I hereby certify that the _____ will abide by the Minority and Women's Business Enterprise requirements as outlined in this document.

Signature of Authorized Loan Applicant: _____

Print Name: _____ **Date:** _____



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.

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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. Physical Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (TIN), and
- I am a U.S. citizen or other U.S. person, and
- (Check one only):

- I am not subject to backup withholding.** *I am (a) exempt from backup 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 backup withholding.*

Sign Here:

Signature	Title	Date
Print Preparer's Name	Phone Number	Email Address

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____ Title: _____

Contact's Email Address: _____ Phone Number: _____

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. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

Part IV: 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. C 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.

Part V: 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.

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.