

Grants Management Registration Form for Statewide Financial System (SFS) Vendors

Section 1: Vendor Information and Purpose	
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.	
<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;">Schodack Valley Fire District</div>	
Organization Type Check the Entity Type doing business with New York State. Check one only. <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Tribal Organization <input checked="" type="checkbox"/> Governmental Entity <input type="checkbox"/> Individual	
Purpose (Select one) <input checked="" type="checkbox"/> New SFS Registration Select this option if your organization is not already registered as a vendor in SFS. Access to Grants Management will be provided as part of your initial registration. Download, Complete, and Attach the <u>Substitute W-9 Upload: Request for Taxpayer Identification Number and Certification</u> . <input type="checkbox"/> Access Grant Management Existing SFS Vendors only. Select this option if your organization is already an SFS vendor but has not been provided access to Grants Management. SFS Vendor ID: 	
Section 2: Authorization This section is to be completed by the Head of the Organization (i.e., Executive Director or comparable title). This section must contain information on the Head of Organization: Chief Administrative Officer, Executive Director, CEO, or comparable title. Enter Name, Title, Phone Number and Email address. Carefully review the Attestation before signing this document.	
Head of Organization Name: Schodack Valley Fire District	
Title: Chairman Board of Fire Commissioners	
Phone Number: 518-378-5270	
Email: edkrott@svfd32.org	
Attestation: Under penalty of perjury, I certify that I am authorized by my position/title to request: 1) that the above organization be registered as a vendor in the Statewide Financial System; and 2) authorize the current SFS Primary Contact or the Primary Contact identified on the attached Substitute W-9 (new registrations only) to manage to users within the Statewide Financial System on behalf of my organization. I understand that my organization is solely responsible for all activities undertaken within the Statewide Financial System by users associated with my organization.	
Signature and Date: 12/2/2025	
Acknowledgement to be completed by a Notary Public**	
State of** <u>New York</u>	County of** <u>Albany</u>
On the** <u>2nd</u>	day of** <u>December</u> in the year** <u>2025</u>
before me, the undersigned, personally appeared ** <u>Edward Knott</u> 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: <u>Donna M. Ranalli</u>	
Notary Public Stamp:	

DONNA M. RANALLI
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01RA6283119
 Qualified in Albany County
 My Commission Expires May 28, 2025

