



179 Front Street, Owego 687-0785 www.tiogaartscouncil.org

















### Our vision is to inspire & support a vibrant, creative community

in and around Tioga County.

## **Grants Gateway**

Non-profit organizations must be prequalified in order to be eligible for grants from New York State. In order to prequalify, nonprofits must submit an online application through the Grants Gateway: www.grantsreform.ny.gov

NYS says Grants Gateway...

- Simplify grants management
- Streamline contract processes and standardize terms and conditions
- Facilitate more timely payments to non-profits
- Improve the effectiveness and accelerate performance of local grant programs
- Improve compliance with State and Federal legal and audit requirements

What we've found ...

- Be prepared well in advance. This process takes time.
- This is not a one-time effort. Grants Gateway must be updated every 6-12 months.
- This website can be difficult to navigate.



#### Registration

- 1. Depending on the number of people working on it, the registration process can take several days.
- 2. Choose TWO Delegated Administrators who will manage your user account(s).
- 4. Your Registration form must be signed, notarized + mailed.
- 5. Your organization will receive an email from Grants Gateway with an assigned user name + password within a few days.



Organization Information							
Legal Name	1997 - 19						
Doing Business As (DB	A) Name (if applicable	)					
Federal ID			SFS Vend	SFS Vendor ID (if applicable)			
DUNS Number (if appl							
Street Address 1							
Street Address 2							
City			State	State Zip			
Organization Type							
Check <u>one</u> :							
Not for Profit	Not for Profit For Profit			Governmental Entity			
Prequalification Exemption Request**		Tribal Organ	Tribal Organization			Individual	
		Delegate	d Administr	ators			
Last Name			First Nar	First Name			
Title			Phone N	Phone Number			
Email*							
Last Name			First Nar	First Name			
Title			Phone N	Phone Number			
Email*							
Authorization							
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.	•	esponsible for all a	activities un	dertaken with	nın t	he Grants Gateway by users associated	
Head of Organization	•						
Title			Phone N	Phone Number			
Email*							
Signature			Date	Date			
Acknowledgement to be completed by a Notary Public							
				County of			
On the	On the day of			in the year			
before me, the unders	eared						
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

Grants Reform - Registration Form for Administrator (03/2015)

Page 1 of 2



#### **Streamlining State Grant Processes**

#### Home | State Agencies | Grantees | Videos



We get it: State bureaucracy can be a headache.

We Know We Can Do Better

The Grants Reform initiative is working to fix a broken system:



#### Grant Opportunity Portal - F

#### Welcome to the Grants Gateway

The Grant Opportunity Portal is online and available to the public, providing a one-stop shop for anyone interested in locating grant funding opportunities with State agencies.

The Grantee Document Vault is also available, allowing existing grantees and potential applicants to store key organizational information in a single secure online location for use by all State agencies. In order to use the Document Vault, a grantee must register as a user on the system and provide information on a Delegated Administrator who will manage their user account. This requires submission of a Registration form and accompanying organizational diagram. Note that your Registration form must be signed, notarized and mailed to Gateway Administrators. Plan accordingly to avoid potential delays in applying for upcoming grant opportunities.

Check back regularly as additional functionality, including online application, contract development and signature, and financial claiming and reporting is on track for release later this year.

For additional information see the Grants Reform Website. www.grantsreform.ny.gov



For a complete listing of all New York State procurement and grant opportunities, please visit the Contract Reporter.



#### **Document Vault: Required Information**

The Document Vault allows grantees to submit commonly requested documents, such as incorporation papers, one time. Some of the requirements include:

- •Substitute Form W-9.  $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$
- •Corporate Bylaws
- Certificate of Incorporation
- •BOD profile + Senior Leadership Resumes
- IRS 501(C) Determination Letter
- •IRS 990
- •Audit/review findings
- •CHAR 500
- •Answer a series of questions about Organization Integrity, Compliance + Capacity

•Answer a series of questions that describes the types of services your organization offers and the geographic location those services are offered AC 3237-S (Rev. 4/15)

iết	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 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. Physical Address:	artment or Suite Number	2. Remittance Address: Number, Street, and Apartment or Suite Number					
Humber, obeet, and op	and the number	Humber, over, and spatinent of oute Humber					
City, State, and Nine Di	git Zip Code or Country	City, State, and Nine Digit Zip Code or Country					
Part IV: Certification and Exemption from Backup Withholding							
Under penalties of perjury,							
	wn on this form is my correct taxpayer identifical	tion number (TIN), and					
2. I am a U.S. citizen or other U.S. person, and							
<ol> <li>(Check one only):</li> <li>I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the</li> </ol>							
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	Titie Date					
Print Preparer's Name Phone Number Email Address							
Part V: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor							
Primary Contact Name: Title:							
Email Address:		Phone Number:					
DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO NYS ONLY AS DIRECTED							

# Compliance with the Non-Profit Revitalization Act

All NYS non-profits must be in compliance with the New York State Non-Profit Revitalization Act. Organizations that are not compliant risk losing their 501c3 status.

#### Before submitting information to Grants Gateway...

- Review and, if necessary, revise your Non-Profit's policies + procedures.
- New Required Financial Reporting + Audit Procedures.
- Mandatory Whistleblower Policy.
- Mandatory Conflict of Interest Policy.
- Code of Ethics Certificate.
- Procurement Policy.





- Choose administrators who will be with your organization for a while.
- Pay attention to email reminders + stay on top of maintenance.
- Passwords need to be changed every 90 days.
- For documents that do not change (ie. incorporation papers), set the date out.
- Communicate with your reviewer. If you don't have a document, let NYS know that your organization is still active by letting them know documents are coming.
- Remember to hit the 'submit vault for review' button.
- Keep a checklist.
- Ask questions.