

**RFA #20171  
Drinking Water Fluoridation – Rolling Submissions  
Attachment 13**

**Vendor Contact Form**

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

|   |  |
|---|--|
| <b>Name of Program:</b>                 |  |
| <b>Contract #:</b>                      |  |
| <b>SFS* Payee Name (if applicable):</b> |  |
| <b>SFS Vendor ID # (if applicable):</b> |  |
| <b>GG Vault ID # (if applicable):</b>   |  |
| <b>DOS Incorporated Name:</b>           |  |
| <b>DUNS Number</b>                      |  |
| <b>Unique Entity ID (SAM.GOV)</b>       |  |

**Grantee is:**  Not for Profit  Gov't Entity/Facility  For Profit

**Grantee is:**  Non-Sectarian  Sectarian

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

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

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

|                        |                 |
|------------------------|-----------------|
| <b>Board Chairman:</b> | <b>Name:</b>    |
|                        | <b>Address:</b> |
|                        | <b>Phone:</b>   |
|                        | <b>Email:</b>   |

|   |                 |
|---|-----------------|
| <b>Contract Signatory:</b><br>(person authorized to sign contracts) | <b>Name:</b>    |
|   | <b>Title:</b>   |
|   | <b>Address:</b> |

\*SFS = NYS Statewide Financial System <http://www.sfs.ny.gov>

\*\*GG = NYS Grants Gateway <https://grantsgateway.ny.gov>

|  |               |
|--|---------------|
|  | <b>Phone:</b> |
|  | <b>Email:</b> |

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

|  |                 |
|--|-----------------|
| <b>Administrative Contact:</b><br>(has administrative responsibility for the agency including providing insurance documents) | <b>Name:</b>    |
|  | <b>Address:</b> |
|  | <b>Phone:</b>   |
|  | <b>Email:</b>   |

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

|   |               |
|---|---------------|
| <b>Program Contact:</b> (works directly with the program) | <b>Name:</b>  |
|   | <b>Phone:</b> |
|   | <b>Email:</b> |

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

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

**Ro 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:** \_\_\_\_\_