

LEGISLATIVE MEMBER INITIATIVE PROJECT INSTRUCTION SHEET

In order to prepare a formal Project Agreement between the Department of State and the Recipient of funds, it is critical that you read and familiarize yourself with the instructions outlined on the following pages. Note that all information should be typewritten or neatly printed and that incomplete or inadequate documents will be returned to the applicant. In order to verify original signatures, we ask that you please **do not use black ink** when signing the documents.

A complete Contract consists of the following:

- Contract Face Page, Signature and Notary Page, State of New York Agreement and Appendices A, A1, B, C, D, E, F and X. **THREE (3) COPIES OF THE ENTIRE DOCUMENT MUST BE RETURNED FOR PROCESSING. All three signature pages must contain original contractor and notary signatures.** Photocopies of signatures are not acceptable.
- Please note that the terms “Contractor and Vendor” refer to the Recipient Organization.
- If the prospective contractor is a non-governmental entity, one copy of the **Vendor (Contractor) Responsibility Questionnaire** and three copies of the **Certification Appendix** are also required. The Questionnaire and Certification Appendix **MUST** be completed and returned with the contract. Please note that there are different Questionnaires and Certification Appendices required depending on your contract amount.

Governmental entities exempt from the Questionnaire and Certification Appendices requirements are: State and Federal agencies, counties, cities, towns, villages, school, fire, water and sewer districts, municipal fire departments, public libraries, BOCES, VEEBS, Public Colleges and Universities.

NOTE: A copy of the Initiative Form the Legislature sent to the Department of State was mailed to you. If a change in purpose is needed, please contact your legislative sponsor. The sponsor's finance committee must inform the Department of State in writing of any changes in the purpose of the Project. You do not need to return the Initiative Form.

Please read the entire contract document carefully, paying special attention to Appendix C, Payment Schedule. This is a true reimbursement contract. Check numbers must be provided in order to receive reimbursement. This Payment Schedule was designed for you to select a payment option that best meets the needs of your organization and project. Following the instructions outlined below, complete each section or Appendix.

If you have any questions, please call the Contract Administration Unit at 518-486-3905. If this call is in regard to a fire or ambulance service contract, please call the Office of Fire Prevention and Control at 518-474-6746.

CONTRACT FACE PAGE

The shaded areas have been or will be completed by the Department of State. Please complete all other areas as follows:

- Box 1 Contractor** - Fill in the Incorporated name of the Organization (project title) name as listed on the Initiative Form mailed to you. Under the name, enter the organization's **business** address. If the Recipient's name as listed on the Initiative Form is not the legal name of the organization, please call the Contract Administration Unit at 518-486-3905 for instructions.
- Box 2 Federal Tax Identification Number** - Nine-digit number provided by the Federal Internal Revenue Service which is used to report federal withholding taxes to the government. This number is required regardless of whether or not you have employees. To apply for one of these numbers, call 1-800-829-3676 and ask for Form SS4.
- Box 3 Status: Sectarian Statement** - This statement is in regard to the sectarian nature of all contracting institutions and their projects; that is, whether your organization and project has, as one of its purposes, the advancement of a particular religion. Check the response that pertains to your organization and project.

If your organization is sectarian in nature, yet the purpose of this particular project is secular (non-sectarian), you must provide written explanation in your project narrative justifying as to how the project complies with the Federal Constitution as it pertains to the separation of Church and State.

Not-for-Profit Statement - Check the response that pertains to your organization.

- Box 4 Charities Registration and Estates, Powers and Trusts Laws Reporting:**
See Contract Appendix E.

Charities Registration Number - Six-digit number provided by the New York State Attorney General, Charities Registration Bureau. Article 7A of the New York State Executive Law requires that, subject to certain specified exemptions, all non-profit organizations which intend to solicit and actually receive contributions of \$25,000 or more from persons in the State or from any governmental agency by any means whatsoever or utilize the services of a solicitation, file for registration with the Office of Charities Registration. **If your organization is exempt from the requirements of Article 7A, please specify the provision of Article 7A which provides the exemption or provide a letter of exemption from the Office of Charities Registration.**

The list of exemptions can be found in the contract on page E-2. Place the complete number of the exemption being claimed in the Exemption section (E-2) of Box 4.

Estates, Powers and Trusts - Please see contract Appendix E for further information. **If your organization is exempt from the reporting requirements (list of exemptions can be found in the contract on page E-3) place the complete number of the claimed exemption in the Exemption section (E-3) of Box 4.**

Box 5 If you did not claim an exemption to **BOTH** items in Box 4, check the applicable section of the statement.

If you have any questions regarding these statutory requirements or you would like to verify the status of your organization, you may call or write:

Office of the Attorney General
Charities Registration Bureau
120 Broadway
New York, New York 10271
212-416-8400 / 212-416-8401

Box 6 New York State Contract Number -Unique contract number assigned to this Agreement by the Department of State as listed in the letter you received with the copy of your Legislative Initiative Form. This number should be referenced on all correspondence and phone inquiries.

Box 7 Contract Amount - As listed in the letter you received with the copy of your Legislative Initiative Form.

The **shaded areas** have been or will be completed by the Department of State. The following is just for your information:

Initial Contract Period - The time period during which project activities are to be conducted and project costs incurred. Activities and related costs occurring outside of this time period will not be eligible for reimbursement.

Municipality Number - This is a 12-digit number assigned to municipalities by the Office of the State Comptroller and is used internally to code contract and voucher documents. The Department of State's Contract Administration Unit will complete this item, when applicable.

SIGNATURE AND NOTARY PAGE

Please list your contract number at the top right corner of the page.

Under **Contractor** section, the first two lines are for the Recipient's legal name as you listed it on the **CONTRACT FACE PAGE**. Next to "By:," the official authorized to sign documents on behalf of the organization must **sign** his/her name and print their name on the line below.

If the contractor is a municipality, the contract must be signed by an elected official of the municipality.

The individual's title and date signed must also be completed on the lines provided. **Since we must be able to verify original signatures please use BLUE INK ONLY. DO NOT USE BLACK INK.**

The Notary Public must fully complete the applicable paragraph including the expiration date of his/her commission and the county of authorization.

Two additional Signature and Notary Pages must be completed as outlined above. The additional signature pages must be inserted into two(2) duplicate copies of the Agreement. Three complete contract packages with original signatures must be forwarded to the Department of State for processing. Please do not make any corrections to these pages. **If you make a mistake, do not cross out or use white-out.** Please print new pages from the Department of State's website.

APPENDIX B: BUDGET

Please complete the enclosed Budget Summary Sheet (B-1) and Budget Detail Sheets (B-2-B-4) for all categories for which you will be requesting reimbursement and put -0- on the Total line of each category for which no costs are budgeted. Additional pages may be attached as needed. The sum of all categories must equal the amount listed in the letter you received with Initiative Form and as you listed on the **CONTRACT FACE PAGE**. For each category, indicate on the Detail Sheets the types of items or services being purchased and the estimated cost of each. Equipment is limited to those items that exceed \$200.00 each or have a useful life of more than 1 year. The Contractual Services category includes items such as telephone, postage, rent, utilities, rental or repairs to equipment, lease of equipment, sub-contracted services and construction costs. For the equipment category, each piece of equipment being purchased must be itemized by specific description (type and model) and cost.

In the remaining budget categories, it is not necessary to list each specific item to be purchased. Like items such as office supplies and printing supplies can be combined, and the estimated costs for each like item must be provided. **It is unacceptable to use terms such as “Miscellaneous,” “Etcetera” or “Other” when listing items or services.**

Please keep in mind that expenditures eligible for reimbursement must be incurred (goods or services received) during the Contract Period as set forth on the Contract Face Page and must be paid for prior to seeking reimbursement.

Certain expenditures are not eligible for funding unless specified in State budget appropriation language. These items include, but are not limited to:

- Alcohol
- Out-of-State or Out-of-Country Travel
- Prizes and Awards
- Honoraria in Excess of \$100 per Event
- Lobbying Expenses
- Fund Raising Events
- Fines and Penalties
- Taxes
- Deficit Funding
- Land
- Contingencies

APPENDIX D: PROGRAM WORKPLAN

1. **Recipient Organization Name** - The Recipient of funds as listed on **CONTRACT FACE PAGE**.
2. **Type** - Indicate type of recipient organization according to the following:
 - B:** Minority-Owned Business Enterprise
 - M:** Municipality
 - N:** Not-for-Profit Organization
 - W:** Women-Owned Business Enterprise
 - L:** Special Use District (Fire, Water, etc.)
 - X:** Other
3. **Program Contact Person** - The name and daytime phone number of a person who can answer questions regarding the project and/or forms completion.

4. **Narrative:**

Please describe in detail **only** the project activities to be financed with the funding provided under this Agreement. All proposed project activities must be consistent with and in direct support of the purpose of the appropriation as approved by the State Legislature and as set forth on the enclosed Legislative Initiative Form.

The Narrative must address each cost category in Appendix B in which you have budgeted funds and must clearly explain how and why the proposed expenditures are necessary for carrying-out the purpose of the appropriation as set forth in the enclosed Legislative Initiative Form.

For example, if you intend to purchase equipment or supplies and materials, please explain what it is you are buying, what purpose does it serve and where will it be maintained or stored. If you anticipate that this item will have to be purchased from a particular vendor, please explain.

If funds are going to be used to pay salaries and/or fringe benefits, please explain, by title, how the activities of those individuals being employed relate to the conduct of the project and the period of time that the salaries will cover.

If funds are going to be used for program development or implementation, please explain what kind of program, who is involved, what your goals are and how the proposed activities are necessary for achieving those goals.

If funds are going to be used to obtain contractual services, please provide the Department with a detailed description of the services, an explanation as to why you must contract out and how these services are necessary for the success of the project.

If your organization is sectarian in nature, explain the secular (non-sectarian) purpose of this particular project and provide justification as to how it complies with the Federal Constitution as it pertains to the separation of Church and State.

APPENDIX F: NOTICE

Please complete the contractors name, contact persons name, title, address, telephone number, facsimile number, and e-mail address. **All must be completed.**

Please note that the term “contractor and vendor” refer to the recipient organization as listed on the initiative form.

APPENDIX X: MODIFICATION AGREEMENT FORM

This form is NOT to be completed at this time; however, it is part of the Agreement and must remain attached. Since it will be going through the approval process as part of the Agreement, this **format** will already be approved in the event this Agreement needs to be modified in the future for language, funding or extension purposes. At such time, you will receive instructions as to how to proceed with this Modification Form.

THREE copies of the entire contract, consisting of the following forms, **must** be returned to us for processing:

- Completed **CONTRACT FACE PAGE**
- Signature Page (**All three signature pages must have original contractor and notary signature**)
- State of New York Agreement
- Appendix A
- Appendix A1
- Completed Appendix B
- Appendix C
- Completed Appendix D
- Appendix E
- Appendix F
- **BLANK** Appendix X

IN ADDITION: If you are not a Governmental entity as listed on page 1 of the instructions, one copy of a Vendor Responsibility Questionnaire and three copies of a Certification Appendix **MUST** be completed and returned with the three copies of the contract. Please note there are different Vendor Responsibility Questionnaires and Certification Appendices required depending on if your contract amount is greater than \$50,000 or if your contract amount is \$50,000 and under.

VENDOR RESPONSIBILITY QUESTIONNAIRE (if needed, see page 1)

State Agencies are required to make a determination as to the scope of vendor (contractor) responsibility prior to entering into a contract or to submitting a material amendment to an existing contract to the Office of State Comptroller for approval. To assist the Department in making this determination each contractor must complete and submit a Vendor Responsibility Questionnaire, including the certification, before the contract and/or amendment can be approved. This form must be completed by the **same** individual who completes and signs the Signature pages. Be sure to respond to every question and provide written back-up information where required. Each “Yes” response requires additional information. The contractor must attach a written response that adequately details each affirmative response. Please number each response to match the question number. The completed questionnaire and attached response will become a part of the contract record, and by reference therein, part of the contract.

It is imperative that the person completing the responsibility questionnaire be knowledgeable about the proposing contractor’s business and operations as the questionnaire information must be attested to by an officer of the contractor.

If the amount of your contract is \$50,000.00 or less you will need to complete Questionnaire #3. If your contract amount is \$50,000.01 or more, you must complete Questionnaire #4.

CERTIFICATION APPENDIX (if needed, see page 1)

Recently implemented contract review procedures by the Office of the Attorney General requires that a Certification Appendix be completed and returned with the contract package. The Certification Appendix is to be **signed** by the same individual who signed the original signature pages of the contract and it must also be **notarized**.

If the amount of your contract is \$50,000.00 or less you will need to complete Certification Appendix #5. If your contract amount is \$50,000.01 or more you must complete Certification Appendix #6.

When completing #5 or #6 depending on the amount of your contract please fill in the contract number on the top right hand corner of both pages and you **must** also complete IV. Sponsoring Member(s), which you will find on the Legislative Initiative Form mailed with your award letter from the Department of State.

Send the completed documents to:

New York State Department of State
Contract Administration Unit - LMI
One Commerce Plaza, 11th Floor
99 Washington Avenue
Albany, New York 12231-0001

For Fire Departments, Districts, Companies or Ambulance Services Contracts,
please send the completed documents to:

New York State Department of State
Office of Fire Prevention and Control
One Commerce Plaza, 5th Floor
99 Washington Avenue
Albany, New York 12231-0001

