Research, Grants & Assessment at Medaille College

Medaille College Mission Statement

Mission
The mission of Medaille College is to educate and develop empowered individuals for academic achievement, career success and civic engagement, thereby contributing to a healthy, diverse democracy.

Vision
Medaille College will be known as a leader in providing inspiration and opportunity for students, faculty, staff, alumni and community by supporting academic development, positive personal transformation and a strong sense of civic-mindedness.

Research and Scholarship Statement at Medaille College
Scholarship is an intrinsic element of academic life of the College. To acknowledge that Scholarly productivity is an essential component of a faculty member’s duties is to ensure that teaching, which lies at the heart of the College’s responsibility to its students, is able to impart the intellectual richness that typically characterizes a community of scholars. The specific form and intensity of appropriate scholarly activity within the College will vary among faculty because of rank (e.g., tenure track vs. professor of the practice) and discipline.

Pre-Award Responsibilities
• Notify the Grants Manager of your interest
• Complete Pre-Proposal Approval and obtain necessary signatures
• Conduct IRB if necessary
• Proposal & Budget Preparation (in collaboration with Grants Manager, CASTLE, Finance Department and Grant Consultant, if applicable)
• Obtain final approval from Provost and CFO (Final Administrative Routing Form)

Post-Award Responsibilities
• Project Director/Principal Investigator (PI)
  • General Administration for their respective grant, including.
    ▪ Budget updates,
    ▪ Attending training and other workshops required by the grant agency,
    ▪ All reports due to the grant agency and Medaille College.
    ▪ The Grants Manager and the Finance Department are not responsible for drafting reports, but will review and make suggested revisions on drafts. The Grants Manager will also archive the final reports on the Medaille Server.
  • Communication with the Grants Manager
    ▪ Submit an excel spreadsheet (template will be provided) with a list of reporting deadlines for their grant to the Grants Manager. After reviewing the calendar, the
Grants Manager will then send a document of check-in dates, and due dates of drafts of grant reports. The Grants Manager and PI will meet in advance of reporting deadlines to discuss any revisions that need to be made to the reports. The final report to be submitted to the grant agency by the PI (must also be submitted to the Grants Manager).

- Provide a report at the end of each semester of all grant activities to the Grants Manager. This will be provided via the Grant Institutional Reporting form. This is separate from the granting agency’s reports, but can include any important information from such reports. It should include any updates in numbers, events, or other significant information that occurred during the semester. Specific due dates of these reports will be given to the PD/PI by the Grants Manager at the beginning of each semester.
- Obtain access to Web Finance and meet with the College Controller to discuss financial needs and expenditures of the grant.
- Submit all reports (internal and external) ON TIME. If the PI/PD anticipates that a report will be late, a meeting will be held with the PI, the Grants Manager, and the Vice President of Academic Affairs to discuss.
- Distribute and collect monthly Time & Effort forms for all grant-funded employees. Once executed, Time & Effort forms will be sent to the Grants Manager for record keeping purposes.

**Grants manager**
- The Grants Manager will assist Project Directors/Investigators in the review of reports process, by answering questions, or by finding appropriate additional resources that may be needed when necessary for report completion.
- Note: the Grants Manager is not responsible for collecting data or drafting any report needed for the grant agency or the College.
- The Grants Manager must be informed whether the Project Director/Principal Investigator (and any other faculty/staff on the grant) will be receiving any stipend or course release for the grant work.
- The Grants Manager should be informed of any travel that is required for the grant.
- Any problem or issue that a Project Director/Principal Investigator is having with their grant should be reported to the Grants Manager as soon as possible so that solutions can be found cooperatively. It is important to note that the Grants Manager is the first point of contact when any problems or issues arise that involve the College. The Grants Manager will contact the Vice President of Academic Affairs if needed.
- The Grants Manager will maintain all Time & Effort records.
People to Contact

○ Jodi Hammond-Axberg – Grants Manager
  jph344@medaille.edu
  (716) 880-2346

○ Dr. Jeffery Faunce - Associate Dean of Teaching, Scholarship, and Learning
  Jaf69@medaille.edu
  (716) 880-2813

○ Debbie Strychalski – Controller
  dstrychalski@medaille.edu
  (716) 880-2272

○ Stephen Kozak – Accountant
  Stephen.A.Kozak@medaille.edu
  (716) 880-2172

○ VACANT – Vice President for Business and Finance

○ Dr. Lori V. Quigley – Provost and Senior Vice President
  Lori.v.quigley@medaille.edu
  (716) 880-2240/2241
OUTLINE OF RESPONSIBILITIES FOR GRANTS, CONTRACTS & SPONSORED AGREEMENTS

**Office of Research, Grants & Assessment**
- Promote grant opportunities
- Facilitate proposal development
- Assist PI/PD throughout the internal review process
- Submit proposals
- Acknowledge, negotiate terms; maintain government agency logins and required information; monitor compliance, performance and reporting
- Manage post-award financials, compliance and reporting

**Business Office**
- Review and approve proposal budget
- Certifying Official sign-off on proposal submission
- Signing Official for grants, contracts and sponsored agreements
- Assist Grant Manager with post-award financials, compliance and reporting
- Manage audits

**Principal Investigator / Project Director (PI/PD)**
- Develop proposal and budget in conjunction with appropriate supervisors, and the Grants Manager
- Manage IRB application, if applicable, for funded projects
- Manage post-award budget in conjunction with Grants Manager & Business Office
- Time and effort reporting
- Financial reporting
- Fulfill sponsor requirements for performance, progress and technical reporting for funded projects
- Submit and file performance, progress and technical reports in conjunction with Grants Manager for funded projects

**Intermediate Supervisors (Department Chairs, Deans)**
- Approve project concepts for development into funding proposals
- Collaborate/mentor during proposal development as appropriate
- Approve Final Administrative Routing Form
- Provide institutional support as described in proposal for funded projects

**Vice Presidents**
- Review and approve Pre-Proposal Form and Final Administrative Routing Form

Ensure Intermediate Supervisors provide institutional support
PROPOSAL DEADLINE

Proposal must be: (Circle each)

- [ ] E-Submitted or Mailed
- [ ] Received or Postmarked

By (date) ________________

FINAL Administrative Routing Form for External Grant Proposals

All signatures on this form must be obtained before submission of any application for external funding for grants or fellowships. The process is as follows. First, the faculty member/applicant obtains a signature from the department chairperson/direct supervisor. Once endorsed, this form along with a complete draft of the proposal and budget are submitted to the CFO for approval and signature. Once all signatures have been obtained, the faculty member/applicant is notified by the VPAA and can then send the application to the funding agency.

Please allow plenty of time. Submit this application to the CFO at least three weeks before the submission deadline. Projects requiring a match or involving college resources will require consultation with the Department Chair/Supervisor well in advance of this 3-week lead time. The CFO needs two weeks lead time. Please plan accordingly.

Project Director/Principal Investigator: _____________________________
Phone: _____________________________ Email: _____________________________
Department/Office/Program: _____________________________

Co-Director/PI: _____________________________ Phone: __________ Email: __________
Department/Office/Program: _____________________________

Project Title: _______________________________________________________________________________

Sponsor (Funding Agency): __________________________________________________________________

Attach a COPY or insert the link to the grant RFP here: _______________________________________________________________________________________

Type of Agency:
- [ ] Foundation
- [ ] Federal
- [ ] State
- [ ] Local (city/county)
- [ ] Private/Non-Profit
- [ ] Non-Government
- [ ] Other _____________________________

Attach a brief summary of the project purpose, goals and benefits to the department, college, and students. Include budget pages, justifications, etc.

Complete the following checklist identifying the institutional responsibilities. Provide a brief explanation within the brief summary if any of the following are answered “Yes.”

a. [ ] Yes [ ] No Does the application required cost-sharing/matching or in-kind funding from Medaille? Explain.

b. [ ] Yes [ ] No Does the sponsor limit recovery of in-direct costs? Explain.

c. [ ] Yes [ ] No Are there any other commitments, either direct or implied? (i.e., time, pre-award expenses, post-award continuation expenses, faculty release time, staff support, technology support, student assistants, etc.) Explain.

d. [ ] Yes [ ] No Is additional space or other college resources required to perform the proposed work? (i.e., technology/construction). Explain.

e. [ ] Yes [ ] No Does the project require review by the college Institutional Review Board?

f. [ ] Yes [ ] No Does the project involve Human Subjects? Y/N Animals? Y/N Biohazardous Material? Y/N

g. [ ] Yes [ ] No Is any part of this project to be sub-contracted? Explain.
Please check appropriate box(es):

Is Medaille College acting as:  [ ] Fiscal Agent  [ ] Lead Agent  [ ] Partner Institution, with whom __________

Type of proposal:  [ ] Research  [ ] Instruction  [ ] Public Service  [ ] Academic Support

[ ] Student Services  [ ] Institutional Support  [ ] Plant/Operations/Maintenance

[ ] Scholarship/Fellowship  [ ] Construction/Renovation  [ ] Other ______________________________

In addition to the Budget Pages/Justifications, please provide the following:

Anticipated Award Notification Date: __________________________

Project Begins: __________________________ Project Ends: __________________________

Total Request: __________________________

Direct Costs: __________________________

Indirect Costs: __________________________

Matching Funds: __________________________ Source(s) (account #'s) __________________________

In-kind Commitments (and sources): __________________________

Total Project Cost: __________________________

Comments: __________________________

NOTE: This form is used for internal tracking purposes only. If an application requires a letter of endorsement from the college, the faculty member/applicant is responsible for requesting and obtaining such letter.

Project Director's Compliance Certification:

In accepting external funds, Medaille College assures compliance with all Federal standards and policies specified in OMB Circulars and other regulatory directives regarding topics such as: Misconduct in Science, Significant Financial Disclosure (Conflict of Interest), Drug-Free Workplace, Protection of Human Subjects in Research, Proper Care and Use of Animals in Research, and other issues mandated in the application materials. I certify that I understand the above information and will comply with these policies in administering any grant/contract received in response to the application now being made. By signing below, I certify that I have read and further testify that all statements contained herein are accurate and truthful to the best of my knowledge and belief.

__________________________  __________________________

Project Director  Date

INSTITUTIONAL APPROVAL SIGNATURES (in sequence). Signature denotes support. Please attach a brief explanation if you DO NOT support this proposal. It is the responsibility of the signer to deliver this form and attached materials to the next office for signature.

__________________________  __________________________

Department Chair/Direct Supervisor  Date

__________________________  __________________________

Chief Financial Officer  Date

__________________________  __________________________

Provost & Senior Vice President  Date
GRANT REPORT PROCESSING FORM

This form is to be used prior to submitting a grant-related report for an official college signature. No new proposals or reports (financial or performance), should be submitted without the appropriate signatures as listed below.

Please attach a copy of the report to this form.

NAME OF GRANT/CONTRACT: Report Due to Sponsor by:

____________________________ ____________________________

Type of Report:  ☐ Interim Report
☐ Final Report
☐ Grant Proposal
☐ Grant Budget Amendment
☐ Other: ____________________________

Person Completing Report: Direct Supervisor:

____________________________ ____________________________
Date: _______________ Date: _______________

Grants Manager: Business Office:

____________________________ ____________________________
Date: _______________ Date: _______________

Does the proposal include any personnel expenses?
If so, please have the Director of Human Resources sign here:

________________________________ Date: _______________
LABOR REDISTRIBUTION FORM
Payroll Department
18 Agassiz Circle
(716) 880-2266

EMPLOYEE INFORMATION

<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Banner No.</th>
<th>Position No.</th>
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CURRENT DISTRIBUTION

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Total Must = 100%

REVISED DISTRIBUTION

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<th>ORG DESCRIPTION</th>
<th>FUND</th>
<th>ORGANIZATION</th>
<th>ACCOUNT</th>
<th>PROGRAM</th>
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Total Must = 100%

REASON FOR CHANGE (Must be Completed):

APPROVALS

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<th>Date:</th>
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<tr>
<td>Director / Dean / Chair</td>
<td>Print Name:</td>
<td>Signature:</td>
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<tr>
<td>Vice President</td>
<td>Print Name:</td>
<td>Signature:</td>
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<tr>
<td>Vice President for Business &amp; Finance</td>
<td>Print Name:</td>
<td>Signature:</td>
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NOTE: Redistributions can only be made to an open fiscal period
Time and Effort Certification Report

Federal regulations require certifications for all College employees whose salaries are paid in whole or in part by a federally sponsored project. In order to comply with the federal regulations 2 CFR § 200.430 and the College’s Time and Effort Reporting Policy, each employee working on federal and/or nonfederal sponsored project(s) needs to complete this form monthly. We recommend completing it on the same day that you submit your Monthly Leave Report.

Principal Investigators/Project Directors are responsible for the distribution, collection and submission of all employee Time and Effort Reports for their sponsored project(s). Please send the completed form to the Office of Assessment, Research & Grants by the 5th of the month following the month being reported. All completed forms will be retained in the Grants Manager’s Office. If you have any questions, please call the Office at ext. 2346.

Name _______________________________ Title ______________________________________
Department __________________________ Reporting Period ____________________________

Please provide a breakdown of your responsibilities for the month being reported. Report all activities, federal and non-federal. The total must equal and cannot exceed 100% Effort.

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>% EFFORT</th>
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<tbody>
<tr>
<td>Institutional Activities (teaching, administration, service, etc.)</td>
<td>%</td>
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<td>%</td>
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<tr>
<td>Sponsored Activities (Externally funded*)</td>
<td>%</td>
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<td>%</td>
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<td>TOTAL</td>
<td>100%</td>
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I certify, to the best of my knowledge and belief, that the above distribution of activities reasonably reflects actual effort devoted during the stated reporting period. By signing this report I am aware that any misrepresentation of information may be subject to penalties under the Federal False Claims Act.

Employee Signature _______________________________ Date ________________

Confirming Signature (Print Name) _______________________________ Date ________________

Note: If the employee named above is also the PI/PD, please have the Department Chair or Dean sign as the person confirming this certification. If the PI/PD is the Department Chair, the Dean must sign. If the PI/PD is the Dean, the VPAA must sign. The PI/PD may sign for all other salaried employees working on the project.

*Externally funded activities: Percentages should reflect time paid by the grant as well as unpaid time contributed to the project (i.e., Salary and wages of employees used in meeting cost sharing or matching requirements).

Office Use Only
Office of Grants Administration Date Received __________ Submitted to Controller __________
Office of the Controller Date Received __________ Journal Entry Date ______________
Check Processing & Purchasing Policy

Medaille College is a tax exempt organization. You are expected to make every effort to obtain tax exemption on your transactions. A NYS Sales Tax Exempt form can be obtained from Susan Page at Ext 2609, Diane Schiavone at Ext 2304 or Deborah Strychalski at Ext 2272.

CHECK PROCESSING PROCEDURES

Checks are processed once weekly and are available each Friday after 2:00 pm. The Accounts Payable Department (Susan Page @ ext 2609) must receive all requests for payment by close of business the Friday preceding the check date.

ALL CHECK REQUESTS MUST INCLUDE THE FOLLOWING TO BE ELIGIBLE FOR PAYMENT:

• Vendor Name, Correct Address and, if a new Vendor, SS# or Tax Id #, if applicable
• Supporting Documentation – An Original Invoice must be submitted. Photocopies will not be accepted.
• Budget Line to be Charged
• Authorized Signatures – If over $500, must be signed by Rob McDow prior to being sent to Accounts Payable

LOST CHECKS

In the event a check is thought to be lost, there will be a minimum waiting period of two weeks from the date of issuance before a Stop Payment Order will be placed.

PURCHASE REQUISITIONS

Purchases using Federal Funds must obtain three quotes.

Purchase Requisitions must include the following information for a Purchase Order to be generated:

• Vendor Name, Address, Phone Number and Fax Number
• Budget Line to be charged
• Item Number(s) and Description(s)
• Total of Purchase Requisition
• Authorized Signatures

Upon completion, all Purchase Requisitions should be forwarded to Fran Rogers (ext 2525).
If you have any questions, please contact either Susan Page @ ext 2609 or Fran Rogers @ ext 2525.

PURCHASE ORDERS

• When ordering using a Purchase Order, please inform the vendor that the purchase order # must be included on the invoice
• After the merchandise has been received, initial the invoice and forward it to Susan Page
• You do not need to submit a check request to generate payment for an invoice from a purchase order

PETTY CASH

Petty Cash transactions are limited to $75 per day. Original receipts must be provided for all transactions. Please contact Diane Schiavone @ ext 2304 to arrange for reimbursement.
CREDIT CARD POLICY & PROCEDURES

As a Medaille College Corporate Cardholder, you are responsible for the transactions on your statement. Purchases made on a Medaille College credit card must be for College related business only.

The credit card is to be used for business related travel expenses and expenditures that cannot be accommodated through the normal purchasing process (purchase orders and check requests). The card should **not** be used to purchase gas for a personal vehicle during business travel. In this instance, a mileage reimbursement form should be completed.

**After two violations of this policy, upon review by the Vice President for Business & Finance, your card may be revoked.**

It is the cardholder’s responsibility to notify a merchant that Medaille College is a tax exempt organization. You are expected to make every effort to obtain tax exemption on your transactions. A state tax exempt form can be obtained from either Susan Page at ext 2609 or Deborah Strychalski at ext 2272.

The credit card is the property of Medaille College and should be secured just as you would secure your personal credit cards. If the card is lost or stolen, contact Deborah Strychalski at ext 2272 immediately.

- Upon receipt of the Monthly Credit Card Statement, the statement is reviewed by the Accounts Payable Specialist (Susan Page) and forwarded to the Bookkeeper (Diane Schiavone).
- The Bookkeeper inputs each individual transaction into an excel spreadsheet and forwards an electronic file to each individual cardholder with their respective charges.
- The cardholder lists next to each transaction the reason for use as well as the budget line to charge the expense to in the electronic file.
- **All original receipts must be attached to the monthly credit card justification form.**
- The monthly credit card justification form must be signed and approved by your division head.
- The cardholder is asked to return this completed file within five business days to the Bookkeeper.
- When all cardholder files are collected the Accounts Payable Specialist compiles a comprehensive packet for the VP for Business & Finance (Matthew Carver) to review, which includes the complete credit card statement, supporting cardholder files & original receipts. Upon completion, the statement is signed and then returned to the Accounts Payable Specialist.
MEDAILLE COLLEGE
Credit Card Purchase Request
Return Form to:
Accounting Department
716-880-2272

Date ____________________________
Department ______________________
Contact Person Requesting use of College Credit Card ______________________
Extension of Person Requesting use of College Credit Card ______________________
Date Credit Card Purchase is to be Requested ______________________
Vendor Name ______________________

Description of Product(s), Service(s) or Conferences(s) to be Purchased
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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*Activity Code is Optional
Submit all receipts to the Accounts Payable Department.

Credit Card Administrative Approval
Upon submission, the credit card information will be provided.

Director/Dean/Chair
Print Name: ______________________ Signature: ______________________ Date: ______

Vice President
Print Name: ______________________ Signature: ______________________ Date: ______

VP for Business and Finance
Print Name: ______________________ Signature: ______________________ Date: ______

For Internal Use Only
Approved: ____________________ Credit Card: __________________________

Revised 10.2018
New York State and Local Sales and Use Tax Exempt Organization Exempt Purchase Certificate

<table>
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<tr>
<th>Single purchase certificate</th>
<th>Your exempt organization number is not your federal employer identification number (see instructions)</th>
<th>Exempt organization number (8-digit number issued by the New York State Tax Department)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blanket certificate</td>
<td>Metcalf College</td>
<td>EX-1114500</td>
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Name of seller

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<tr>
<th>Name of exempt organization/purchaser</th>
<th>Street address</th>
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<tbody>
<tr>
<td>Medcalf College</td>
<td>18 Agassiz Circle</td>
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City State ZIP code

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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
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<tbody>
<tr>
<td>Buffalo</td>
<td>NY</td>
<td>14214</td>
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The exempt organization must be the direct purchaser and payer of record.

You may not use this form to purchase motor fuel or diesel motor fuel exempt from tax.

Representatives of governmental agencies or diplomatic missions may not use this form.

Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, Exempt Organization Certificate, and is exempt from New York State and local sales and use taxes on its purchases.

**Certification:** I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to the vendor as agent for the Tax Department for the purposes of section 1838 of the Tax Law and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Print or type name of officer of organization

<table>
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<th>Deborah A. Strychalski</th>
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Signature of officer of organization

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<tr>
<th>Deborah A. Strychalski</th>
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Date issued

**Need help?**

Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov)
- get information and manage your taxes online
- check for new online services and features

Telephone assistance

<table>
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<tr>
<th>Sales Tax Information Center:</th>
<th>(518) 485-2889</th>
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<tr>
<td>To order forms and publications:</td>
<td>(518) 457-5431</td>
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Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.
General information

This form is not valid unless all entries have been completed.

If the organization does not have Form ST-119, Exempt Organization Certificate, issued by the Tax Department, it may not use this form and must pay sales tax on its purchases.

This form may not be used to make tax exempt purchases of motor fuel or diesel motor fuel. Form FT-1020, Exemption Certificate for Certain Taxes Imposed on Diesel Motor Fuel and Propane, or FT-1021-A, Certification for Purchases of Non-Highway Diesel Motor Fuel or Residual Petroleum Products by Certain Exempt Organizations, may be used to make qualifying purchases of diesel motor fuel exempt from tax.

Hospitals, volunteer fire companies, and volunteer ambulance services exempt from sales tax may claim exemption on the purchase of motor fuel by using Form FT-937, Certificate of Exemption for Qualified Hospitals, Volunteer Fire Companies and Volunteer Ambulance Services. Other exempt organizations may use Form FT-500, Application for Refund of Sales Tax Paid on Petroleum Products, to apply for a refund of sales tax paid on qualifying purchases of motor fuel and diesel motor fuel.

Representatives of governmental agencies or diplomatic missions may not use this form.

To the purchaser

Misuse of this exemption certificate may subject you to serious civil and criminal sanctions in addition to the payment of any tax and interest due. These include:

- A penalty equal to 100% of the tax due;
- A penalty for each fraudulent exemption certificate issued;
- Criminal felony prosecution, punishable by a substantial fine and a possible jail sentence; and
- revocation of your Certificate of Authority if you are required to be registered as a vendor. See TSB-M-09(17), Amendments That Encourage Compliance with the Tax Law and Enhance the Tax Department’s Enforcement Ability, for more information.

Check either the Single purchase certificate or Blanket certificate box.

A blanket certificate covers the original purchase and subsequent purchases of the same general type of property or service.

If you do not check the Blanket certificate box, the document will be considered a single purchase certificate.

Enter the organization’s information as it appears on Form ST-119, Exempt Organization Certificate. The EX number requested is not a Federal employer identification number or New York State sales tax vendor ID number. The organization must have applied for, and received, exempt status from the Tax Department, and been issued a six-digit EX number. If you do not have this number, you may not use this form.

The organization’s exemption from sales tax does not extend to officers, members, or employees of the exempt organization. Personal purchases made by these individuals are subject to sales and use tax.

An organization’s exemption from sales tax does not extend to its subordinate or affiliated units. When making purchases, subordinate or affiliated units may not use the exemption number assigned to the exempt organization. Such misuse may result in the revocation of the exempt organization’s exemption.

Please print or type the responsible officer information and fill in the date you are issuing this exemption certificate. The exemption certificate must be signed by a responsible officer of the organization.

To the seller

As a New York State registered vendor, you may accept an exemption certificate in lieu of collecting tax and be protected from liability for the tax if the certificate is valid. The certificate will be considered valid if it is:

- accepted in good faith;
- in your possession within 90 days of the transaction; and
- properly completed (all required entries were made).

An exemption certificate is accepted in good faith when you have no knowledge that the exemption certificate is false or is fraudulently given, and reasonable ordinary due care is exercised in the acceptance of the certificate. If an exemption certificate with all entries completed is not received within 90 days after the delivery of the property or service, you will share with the purchaser the burden of proving the sale was exempt.

Note: the exempt organization must be the direct purchaser and payer of record. Any bill, invoice, or receipt you provide must show the organization as the purchaser. Payment must be from the funds of the exempt organization. Payment may not be made from the funds of individual members of the organization, even if they will be reimbursed.

You must also maintain a method of associating an invoice (or other source document) for an exempt sale made to a purchaser with the exemption certificate you have on file from that purchaser.

You must keep this exemption certificate for at least three years after the due date of the return to which it relates, or the date the return was filed, if later.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 593, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 26 USC 440(c)(2)(C)(l).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harrimen Campus, Albany NY 12227; telephone (518) 457-5181.