

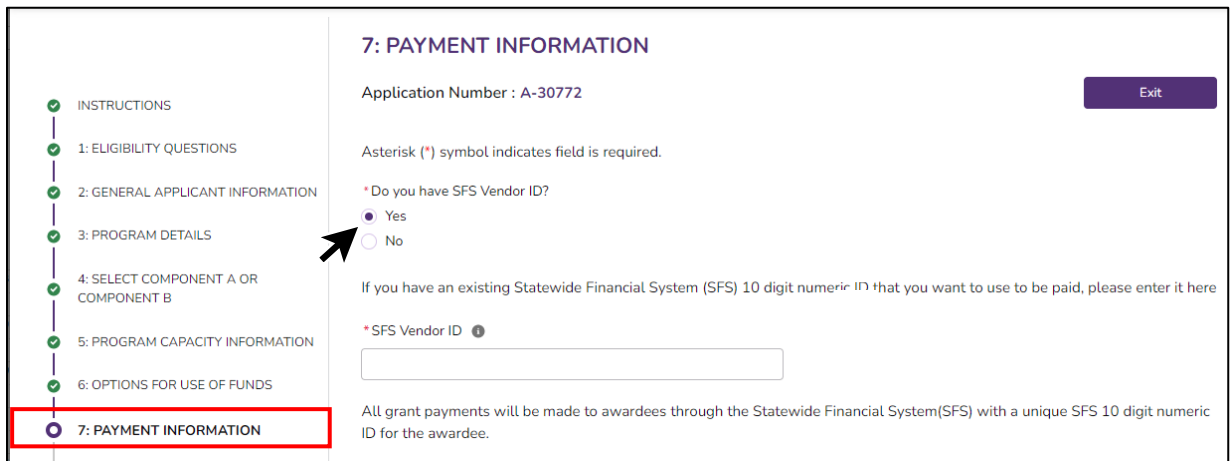
Step 7: Payment Information

This user guide shows how to complete *Step 7: Payment Information* in the *Invest in NY - Child Care Deserts Grant for Existing Providers* application. There are **two options** for Step 7, one for Statewide Financial System (SFS) Vendors and one for non-SFS Vendors.

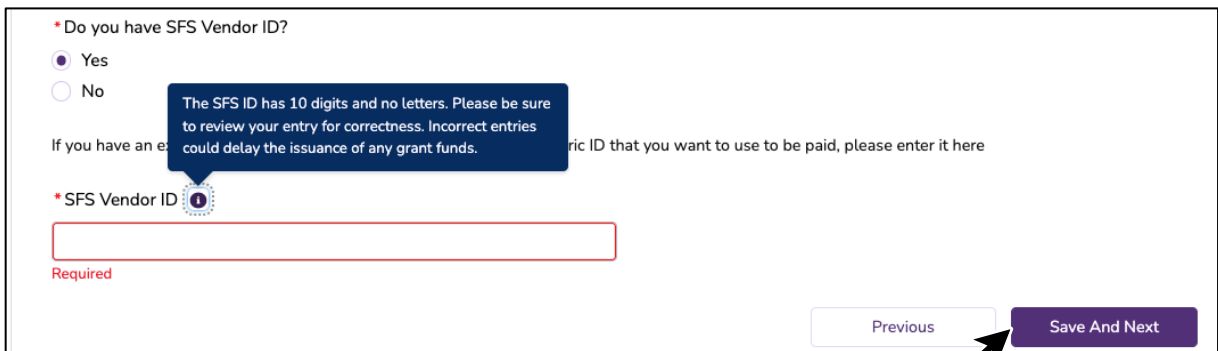
[SFS Vendor ID Entry \(SFS Vendors Only\)](#)
[Non-SFS Vendor ID W9-Form Submission](#)

SFS Vender ID Entry (For established SFS Vendors Only)

1. **Select Yes** for the question, “Do you have an SFS Vendor ID?”



2. **Type in your 10-digit SFS Vendor ID** into the field. You may move ahead to application Step 6 by **clicking on the Save And Next** button.

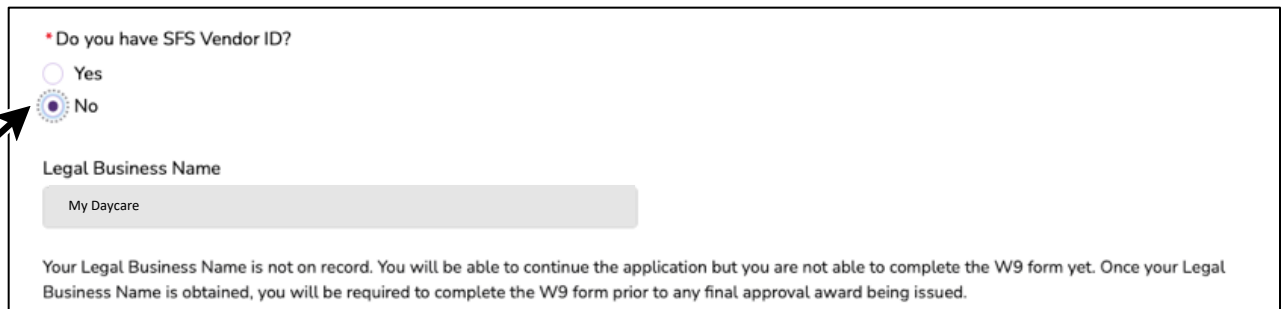


Non-SFS Vendor ID W9-Form Submission

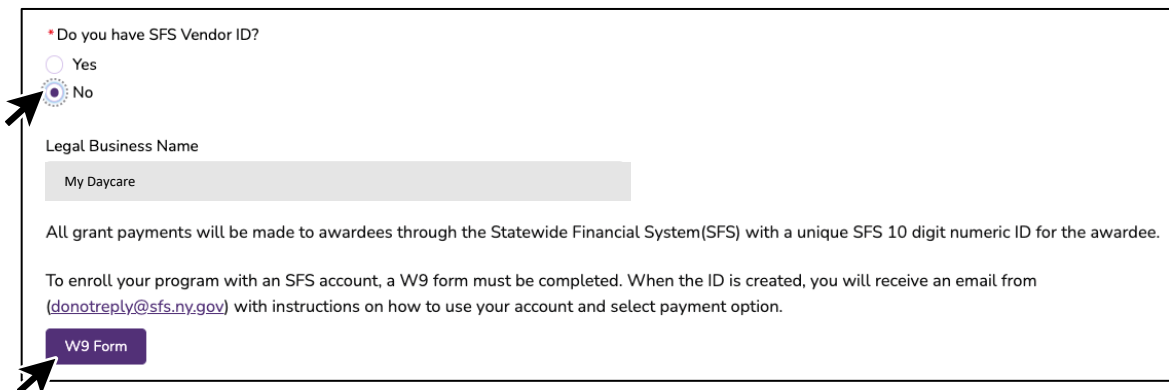
This step for providers who do not have an SFS ID. Providers will be required to submit a W9 form which will begin the process of establishing your facility as an SFS-Vendor if **a grant award is made**. After receiving notice of an award, providers will receive an email with their new SFS ID with instructions on how to use your account.

1. **Select No** for the question, “Do you have an SFS Vendor ID?”

- If your registered Legal Business Name is **NOT on record with OCFS or NYC DOHMH**, you will see this message below to obtain a Legal Business Name and submit the W9 form prior to any final approval award being issued. **Click the Save and Next, or Exit button, to proceed.**

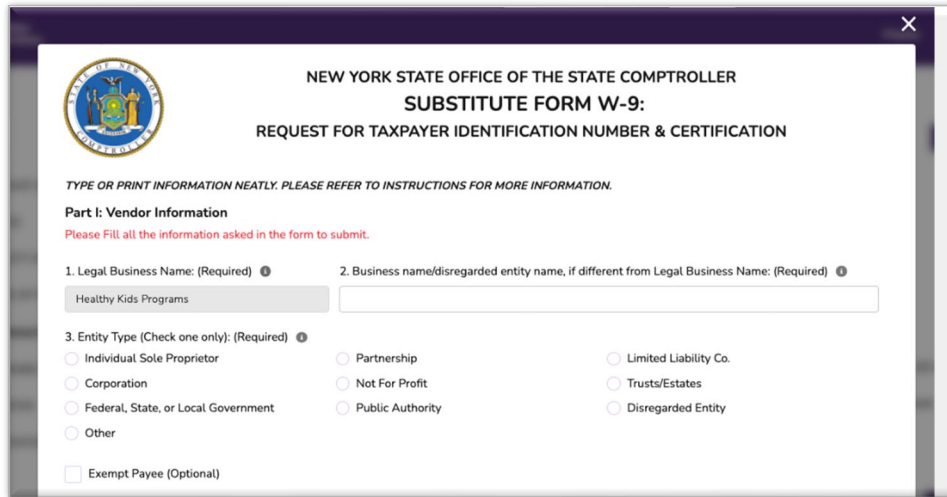


2. **Click on the W9 Form button** to complete the W9 and obtain a Statewide Financial System (SFS) ID through which all grant payments will be made. The W9 is a request of taxpayer identification number and certification.




3. **Complete all required fields** in the five sections of the W9 form.


- **Part I: Vendor Information.** Enter the Business name, entity type and exempt status.



- **Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type.** Enter the TIN and select identification type, EIN, ITIN, SSN, or N/A.

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES) (Required) 

2. Taxpayer Identification Type (check appropriate box): (Required) 

Employer ID No. (EIN)
 Social Security No. (SSN)

Individual Taxpayer ID No. (ITIN)
 N/A (Non-United States Business Entity)


- **Part III: Address.** Enter a Remittance Address for payment and an optional purchase ordering (PO) address, as well as an email address.

Part III: Address

1. Remittance Address (Required):
Remittance Address Number: Enter the payment, 1099 and correspondence address

2. Ordering Address(Optional):
Order Address Number: Enter the address where purchase orders from the statewide financial system (sfs) should be sent

<p>Number <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>Apartment or Suite No (Optional) <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 50%;" type="text"/> State <input style="width: 50%;" type="text"/></p> <p>Zip Code <input style="width: 50%;" type="text"/> Country <input style="width: 50%;" type="text"/></p>	<p>Number <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>Apartment or Suite No <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 50%;" type="text"/> State <input style="width: 50%;" type="text"/></p> <p>Zip Code <input style="width: 50%;" type="text"/> Country <input style="width: 50%;" type="text"/></p>
---	--

Email Address (Required) 

- **Part IV: Primary Contact.** Type in contact information, title, email, and phone.

Primary Contact Name: (Required)	Title: (Required)
<input type="text"/>	<input type="text"/>
Email Address: (Required) ⓘ	Phone Number: (Required)
<input type="text"/>	<input type="text"/>

- **Part V: Certification and Exemption from Backup Withholding.** Only check off one option, *I am subject to backup withholding*, or *I am not subject to backup withholding*. Certify the W9 form through signature and filling out the required fields.

Part V: Certification and Exemption from Backup Withholding


Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):

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 (Required)

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. (Required)

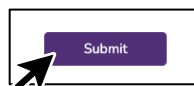
Sign Here:

Signature (Required)	Title: (Required)	Date
<input type="text"/>	<input type="text"/>	07-13-2022 

Print Preparer's Name (Required)	Facility Phone Number (Required)	Email Address (Required) ⓘ
<input type="text"/>	<input type="text"/>	<input type="text"/>

DO NOT SUBMIT FORM TO IRS

4. Once **all required fields** have been completed on the W9 form, **click on the Submit** button. When the SFS ID is created you will receive an email with instructions on how to use your account and the select payment option.



5. **Click on the Save And Next** button to move ahead to Step 8.

