State Legislative Initiative Grants Administered by the NYS Office of Parks, Recreation and Historic Preservation

IDENTIFICATION FORM

Incorporated Legal Name of Organization	n:	
): (10 digits) If an ID has not yet been issu	
provide the Federal Employer Identification letter from the IRS.	on Number (FEIN), as confirmed by your issuance	
Printed or Typed Name of Authorized Of	ficial:	
Title:		
Mailing Address:		
	9 digit zip code:	
NYS Charities Registration Number:		
Annual Charities reports filed with:	[] Charities Bureau, Office of the State Attorney General	
	[] State Education Department	
	[] Department of State	
	[] Exemption on file with the Charities Bureau	
Project ID#: PKS	Grant Amount: \$	
Contract Term : Contract Start Date:	Contract End Date:	
Contact Person, Name:	Phone #:	
Title:	Alternate Phone #:	
E-Mail:	Fax #:	
Title: E-Mail:	Alternate Phone #:	