



Application for Authorization to Participate in the NYS Contract Extension Program

INSTRUCTIONS: State agencies, local governments, political subdivisions and others authorized by New York State Law interested in participating in the New York State Contract Extension Program should register with OGS by completing and submitting this application. If applying under Organization Categories 51, 52 or 57 as described below, please complete and include the appropriate linked certification form. Complete, print, sign, and either scan & return to the email address below or forward the hard copies via a conventional mail carrier to the address listed below. Following OGS review and approval, the information will be placed in a database used to confirm your eligibility.

OGS contract information is available online on the [OGS New York State Procurement web page](#) where you will find a variety of simple search tools to quickly and efficiently provide the most up-to-date contract information.

Only those parties publicly identifiable as a member of an entity's senior management team (those holding financial responsibility for the entity) will be provided with an organization's assigned OGS Customer ID number. Any inquiries from entity staff will be referred to the parties designated below. The requestor and any additional registrants should be members of the entity's financial or procurement management staff. This protocol was set up to help curb potential fraudulent use of the State Centralized Contracts, while also providing authorized users with additional internal oversight.

Entity or Organization Information				
Name of Entity or Organization				
Mailing Address			City/Town	State , NY
County	Main Telephone	Secondary Telephone	Fax	
Requester's Name		Title	Email	
Mayor/CEO/Director or =		Title	Email	
Treasurer/CFO, CPO or =		Title	Email	
Additional Registrant		Title	Email	
Category Code # <i>(Refer to List Below)</i>	Entity Website			Date

Please Choose Your Organization's Category

- | | | | |
|----|---|----|---|
| 0 | State Agency | 52 | Volunteer Ambulance Service* (Certification of Qualification) |
| 1 | County | 53 | Boards of Cooperative Educational Services (BOCES) |
| 2 | County Highway or DPW | 54 | Non-profit, Non-Public, Elementary or Secondary School |
| 3 | Town | 55 | Non-profit, Independent College or University |
| 4 | Town Highway or DPW | 56 | Public Authority or Public Benefit Corp. (Statewide or Regional) |
| 5 | City | 57 | Charitable Organization* (Certification of Qualification) |
| 6 | Village | 58 | Blind or Disabled Workshop |
| 7 | Public School District | 59 | Non-profit Museum, Historical Society, Zoological/Botanical Garden, Arboreta, Aquarium |
| 8 | Public College | 60 | Non-profit, Public Educational Radio or Television Corporation |
| 9 | Public Library | 61 | Non-profit, Non-public Hospital, Residential Health Care or Mental Hygiene Facility |
| 10 | Public Hospital | 62 | Non-profit Cemetery Corporation |
| 11 | Public Fire District | 63 | Non-profit Agricultural Society or Fair/Exposition held by County Extension Service Association |
| 12 | Public Nursing Home | 64 | Non-Profit Charter Schools |
| 50 | Water & Sewer Districts, Local Authorities, Commissions and Other Political Subdivisions. | 70 | Grant Recipient* (Additional Information Required) |
| 51 | Volunteer Fire Company* (Certification of Qualification) | | |

***Additional Certification/Information is Required**

Print, Sign, Scan & return electronically to:
customer.services@ogs.ny.gov
or

Print, Sign & send paper form to:
NYS Office of General Services
Procurement Services — Customer Services
38th Floor, Corning Tower, Empire State Plaza
Albany, NY 12242

OGS USE ONLY

Customer ID#