



## AGENCY INFORMATION FORM

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Please complete the following information about your agency. Once completed, please fill out a separate Program Information Form for each program your agency offers.

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Agency Name (Legal Name) \_\_\_\_\_

Is the agency known by another name or abbreviation? If so, name \_\_\_\_\_

Federal Employer ID Number (EIN) *for internal use only* \_\_\_\_\_ Year of Incorporation \_\_\_\_\_

Agency Type (non-profit, government, etc.) \_\_\_\_\_

Parent Agency (Legal Name) \_\_\_\_\_

Agency Description (brief) \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Email \_\_\_\_\_

Office Hours \_\_\_\_\_

Area served (County, City, Zip Code, etc.) \_\_\_\_\_

Senior Executive *(for internal use)*:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Agency Contact for SANG updates *(for internal use)*:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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I verify that the information on this form is accurate. I agree to keep SANG informed of any changes and to provide information as requested by SANG during the review period. I have read and understand the SANG inclusion policy and agree that all information may be made public via the SANG database.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Submit Agency Form to:

**SANG**  
c/o Crandall Public Library  
251 Glen Street  
Glens Falls, NY 12801  
518-792-6508 x246