

**New Jersey Department of Health
Division of Management and Administration
Office of Grants and Auditing**

**SYSTEM FOR ADMINISTERING GRANTS ELECTRONICALLY (SAGE)
REGISTRATION REQUEST FORM FOR NEW APPLICANTS**

To request SAGE access for your organization, complete the fields below and return this signed form to the NJDOH SAGE Help Desk at njdoh.grants@doh.nj.gov. You will be notified via email once your request has been processed, or if additional information is required.

Legal Name of Applicant Organization		
Federal Tax I.D. Number		
<u>Unique Entity Identifier (UEI)</u>		
<u>NJ Vendor ID</u>		
Street Address		
City		
State		
<u>Zip Code +4</u>		
County		
<u>Congressional & NJ Legislative District</u>	CD:	LD:
Website		
Name of Authorized Official	First:	Last:
Title of Authorized Official		
Phone Number		
Email		

To Be Completed by Authorized Official

<p>The signature below certifies that I am duly authorized by the governing body of _____ to submit any and all grant applications, accept any and all grant awards, access any and all grant records, and file any and all grant reports, on behalf of this organization.</p> <p>I understand that I am responsible for establishing and maintaining the user access and permission settings for _____'s account in the New Jersey Department of Health's SAGE system.</p> <p>To the best of my knowledge and belief, _____ is legally eligible to apply for and accept grants from the New Jersey Department of Health, and all information provided above is true and accurate.</p> <p>SIGNATURE: _____ DATE: _____</p> <p>PRINT NAME: _____</p>	
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- E-mail: NJDOH.Grants@doh.nj.gov