NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

Hotel / Motel Rate Submission

Social Services District:	Federal EIN#:	Vendor ID (BICS)#:
Contact Person:		

Hotel/Motel	Street Address	City	Zip Code	Federal EIN	BICS Vendor ID#	Contracted Daily Shelter Rate	Standard Commercial Daily Rate	Term of Contract	Notes:

Social Services District Representative Title Date