(If no letterhead print legal business name and physical address on top)

FEDERAL SERVICE DESK

ATTN: ​SAM.GOV​ REGISTRATION PROCESSING

460 INDUSTRIAL BLVD

LONDON, KY 40741-7285

UNITED STATES OF AMERICA

SUBJECT: Information Required to Activate SAM Entity Registration

**Purpose of Letter**

The purpose of this letter is to formally appoint an Entity Administrator for each named Entity and to attest to the accuracy of the information contained in the entity registration.

**Designation of Entity Administrator**

I, **​[Insert Name and Title of Signatory]​**, the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

**Entity Covered by this Letter**

**DUNS Number**:

**Legal Business Name**:

**Physical Address**:

**Entity Administrator Contact Information**

**Full Name**:

**Phone Number**:

**Email Address**:

*\*​The Entity Administrator must have an individual user account in SAM associated with the email address listed.*

**Account Administration Preference (ONLY CHOOSE ONE)**

You must choose ​**ONE**​ of the two following statements by checking the applicable box.  Remember, there is no cost to register in SAM -- it is free. However, if you choose to have a third-party agent administer your SAM registration, with or without an associated fee, you must check the Third-Party Agent Designation box below.

**[  ]** ​**Self-Administration Confirmation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of the Entity listed above. I have checked the box to the left of this paragraph to indicate that the designated Entity Administrator is not a third-party agent.

​

**[  ] Third-Party Agent Designation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize **​[insert full name, phone number, address, and email address of the Third-Party Agent]​** (Designated Third-Party Agent) to act on behalf of the Entity listed above. This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the box to the left and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

**Attestation**

I, the below-signed, attest to the following:

● All information contained in this letter is complete and accurate.

● The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.

● The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov

registration for the Entity above is correct and accurate.

Respectfully,

**[Insert Full Name of Signatory]**

**[Insert Title of Signatory, e.g. Director of Contracting, Managing Partner, Vice President for Research, etc.]**

**[Insert Email of Signatory]**

**[Insert Entity Legal Business Name]**

**[Insert Entity Physical Address]**

TO BE COMPLETED BY NOTARY

*(in accordance with State notary requirements)*

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month),

\_\_\_\_\_\_\_\_\_ (year), by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of officer or agent, title or officer or agent) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of entity).

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type of ID and Number on ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary (Typed, Stamped or Printed)

Notary Public, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_