Appendix A
Transmittal Form
(Please attach to all copies of the proposal)

Agency Name: _____

Mailing Address:

Street: _____

City: _____ State: NY Zip Code: _____

Agency Information:

Federal Tax Exempt Identification Number: _____

New York State Charities Registration Number: _____

Contact Person:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Capital Funding Sources:

_____ ☐ Approved ☐ Proposed

_____ ☐ Approved ☐ Proposed

_____ ☐ Approved ☐ Proposed

Target Groups:

(Checking the box below will indicate your acceptance of the target population for housing as defined in the RFP)

☐ Serious Mentally Ill, Chronically Homeless Single Adults (NY/NY III Population A)

Proposed Borough:

(Check the borough targeted for development)

☐ Bronx ☐ Queens ☐ Brooklyn

☐ Manhattan ☐ Staten Island

Total Number of Beds Requested:

(The exact number will be subject to evaluation of the site and concurrence with OTDA/HCR)

Serious Mentally Ill, Chronically Homeless Single Adults _____

Other non NY/NY III Units _____

Total Units in the Housing Project _____

Proposed Site Information (optional, to be completed by agencies who own a proposed site or who have site control over a proposed site):

Street: _____

City: _____ State: NY Zip Code: _____

Zoning: _____ Purchase Price: _____

Block #: _____ Lot #: _____

Community Board #: _____

Description of Proposed Site (if any): _____