

Statewide Suicide Prevention Initiatives for Local Communities

Appendix A

Agency Transmittal Form

(Please attach as cover page on all copies of the proposals.)

Agency Name: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Agency Information:

Federal Tax Exempt Identification Number: _____

New York State Charities Registration Number: _____

Contact Person:

Name: _____ Title: _____

E-mail: _____

Phone: _____ Fax: _____

CEO/Executive Director:

Name: _____ Title: _____

E-mail: _____

Phone: _____ Fax: _____

Proposal Components: The attached proposal contains the following:

- | | |
|--|------------------------------|
| Summary (not more than 3 pages) | <input type="checkbox"/> Yes |
| Program Narrative (not more than 10 pages) | <input type="checkbox"/> Yes |
| Budget Form for Years 1, 2, 3, 4, and 5 (Appendix B) | <input type="checkbox"/> Yes |
| Complete Budget Narrative (Appendix B1) | <input type="checkbox"/> Yes |