Appendix A
Agency Transmittal Form
(Please attach as cover page on all copies of the proposals.)

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: _____

E-mail: _____

Phone: _____ Fax: _____

Executive Director:

Name: _____ Title: _____

E-mail: _____

Phone: _____ Fax: _____

Model Choice: _____ Region Choice: _____

Proposal Components: The attached proposal contains the following:

Summary	☐ Yes	
Four Part Program Narrative	☐ Yes	
Operating Budget Form for Years 1, 2 and 3 (Appendix B)	☐ Yes	
Complete Budget Narrative (Appendix B1)	☐ Yes	
Draft Contracts or Agreements	☐ Yes	☐ No