NEW YORK STATE OF OPPORTUNITY. Office of Mental Health | NEW YORK STATE Office of Alcoholism and Substance Abuse Services | NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Appendix A
Agency Transmittal Form
Non-Profit Behavioral Health / Developmental Disability Providers
Health Information Technology Investment Program RFP

Date: _____

Agency Information:

Agency Name: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal Tax Exempt Identification Number: _____

New York State Charities Registration Number: _____

Vendor ID Number: _____

Project Contact Person:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Executive Director:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Required Proposal Components: The attached proposal contains the following:

- **Project Narrative (no more than 15 pages)** YES
- **Pass/Fail Questionnaire and Attestation** YES
- **Project Summary** YES
- **Project Cost Sheet with Detail Narrative** YES
- **Agency Identified Flash Drive Containing Full Proposal as ONE document** YES