



**Appendix A: Agency Transmittal Form
Geriatric Technical Assistance Center**
(Please attach as cover page on all copies of the proposal)

Agency Name: _____

Mailing Address:

Street: _____

City: _____ State: NY Zip Code: _____

Federal Tax Exempt Identification Number: _____

New York State Charities Registration Number: _____

Project Contact Person:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

OMH Field Office Region in which the proposed program is located: _____

The attached proposal contains the following proposal components:

- Summary Yes
- Four-part Project Narrative Yes
- Operating Budgets for Years 1-5 (Appendix B) Yes
- Complete Budget Narratives (Appendix B1) Yes
- Yes

Signature of person completing form

Title: _____