

Appendix A: Agency Transmittal Form
Partnership Innovation for Older Adults
(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 local Office of the Aging has agreed to be included as part of the proposed program as EITHER:

- An aging services provider in the “triple partnership” with partnership responsibilities
- OR**
- A contractual or collaborative organization with an important role in carrying out the program

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

Letters of Commitment from each “triple partnership” provider other than the applicant to carry out partnership responsibilities. Yes

Signature of person completing form

Title: _____