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

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: _____ **Number of Units:** _____

Psychiatric Center Catchment Area	Number of Units
Bronx	
Kings	
Queens	
Manhattan	
Richmond	

Proposal Components: The attached proposal contains the following:

Transmittal Form (Appendix A) **(required)**

Proposal Narrative (20 pages or less) **(required)**

Operating Budget Worksheet (Appendix B) **(required)**

Budget Narrative (Appendix B1) **(required)**

Partnership Memorandum of Understanding **(required, if applicable)** _____

Copy of Proposed Lease or Sublease (recommended) _____

Assessment Tool and Sample Support Plan (recommended) _____

Grievance Procedure (recommended) _____

_____

Signature of person completing form

Title: _____ **Date:** _____