



Office of  
Mental Health

ANDREW M. CUOMO  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

CHRISTOPHER TAVELLA, Ph.D.  
Executive Deputy Commissioner

Attachment A - Agency Transmittal Form  
Children's Technical Assistance Center

Agency Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Agency Information:

Federal Tax (Exempt) Identification Number: \_\_\_\_\_

New York State Charities Registration Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Required Components: The attached proposal contains the following:**

- |  |     |
|--|-----|
| • Transmittal Form (Appendix A)                      | Yes |
| • Project Narrative                                  | Yes |
| • Operating Budget (Appendix B)                      | Yes |
| • Budget Narrative (Appendix B1)                     | Yes |
| • Entire submission on agency identified flash drive | Yes |
| • Bid Submission Checklist & Documents               | Yes |