NYC Crisis Respite Services for Children and Adolescents
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: _____

Phone: _____ Fax: _____

Email: _____

Executive Director:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Boroughs to be served:

(Check all that apply)

☐ Bronx ☐ Queens ☐ Brooklyn

☐ Manhattan ☐ Staten Island

Proposal Components: The attached proposal contains the following ***required*** documents:

Proposal Narrative (15 pages or less)	☐ Yes
Operating Budget (Appendix B)	☐ Yes
Complete Budget Narrative (Appendix B-1)	☐ Yes
Memorandum of Understanding Partnership Agreement (if applicable)	☐ Yes

_____

Signature of person completing form

Title: _____ **Date:** _____