



Appendix A
Agency Transmittal Form
Recovery Center and Peer Workforce Support
(Please attach as cover page on all copies of the proposal)

Agency Name: _____

Mailing Address:

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 Proposal Components: The attached proposal contains the following (please circle):

- **Transmittal Form (Appendix A)** YES
- **Project Narrative (no more than 40 pages as described in RFP)** YES
- **Letters of Support (maximum of 10)** YES
- **Operating Budget (Appendix B)** YES
- **Budget Narrative (Appendix B1)** YES
- **Labeled Flash Drive Containing Full Proposal as *one* Document** YES