

**ACTIVATING COMMUNITY COALITIONS TO PREVENT ALCOHOL AND OTHER DRUG USE
AMONG LGBTQ+ AND OTHER YOUTH IN BRONX, NEW YORK**

Proposal Transmittal Sheet

Please enter responses into the shaded boxes below. The certification selection at the bottom must be signed by the Project Director for the application and the Executive Director of the Applying Organization.

Vendor's Legal Entity Name:
Vendor Employer Identification Number:
Project Director Name:
Project Director Title:
Project Director Mailing Address:
Contact email:
Phone Number
Certifications: As Project Director, I certify that all the information provided on this application is correct and accurate to the best of my knowledge: Project Director Signature: Date: As the Executive Director for the organization submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application: Executive Director Signature: Date: <i>If said individual is not the applicant's Chief Executive Officer, this document shall attach evidence showing the individual's authority to bind the proposing entity.</i>