

**ATTACHMENT A
APPLICANT SIGNATURE FORM**

INSTRUCTIONS: Applicants must complete and submit this Applicant Information Form signed and dated by the agency's Authorizing Official.

Section 1: Organization Information
Organization Name:
DBA (if applicable):
Year Established:
EIN/Tax ID:
Organization Type:
Are you a New York City Minority and/or Women-owned Business Enterprise (MWBE)?

Section 2: Organization Address
Address 1:
Address 2:
City, State & Zip Code:

Section 3: Point of Contact
Contact Person for this Proposal:
Title:
Contact Phone:
Contact Email:

Section 4: Proposal Information
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Total Proposed Budget	
\$	
	By checking this box, you are confirming that Project Personnel Forms (Attachment B) for key personnel are attached
	By checking this box, you are confirming that the Project Proposal is attached.
	By checking this box, you are confirming that your Organizational Chart is attached.
	By checking this box, you are confirming that at least 2 examples of project materials are attached.
	By checking this box, you are confirming that contact information for at least two references is attached.
	By checking this box, you are confirming that the Proposal Budget is attached.

Section 5: Certifications	
<p>I, as an authorized representative of this applicant organization, have read this application and confirm the accuracy of the representations made herein. I also confirm the organization meets grant eligibility criteria, as set forth in the request for proposal (RFP) and is fully able and willing to carry out the terms of the project.</p>	
<hr/> Signature of Authorizing Official	<hr/> Date
<hr/> Printed Name and Title	