## **Letter of Interest to Apply**

Kate Lansing New York State Department of Health/ Corning Tower, Room 429 Empire State Plaza Albany New York 12237	AIDS Inst	itute		
Dear Ms. Lansing:				
Subject: Request for Applications for Sol	icitation N	fumber 08-0004, Substan	nce Abuse In	itiative
On behalf of, I hereby inform you	that I am i	(Name nterested in funding for t	e of organiza the above re	tion), Federal ID# ferenced Request for
Applications.				
Geographic region (check all that apply	·)•			
New York City	Long I	sland		<b>Hudson Valley</b>
Bronx		Nassau		Dutchess Sullivan
Brooklyn	同	Suffolk	一	Orange Ulster
Manhattan			一	Putnam
Westchester			_	_
Queens				Rockland
Staten Island			_	
Northeastern New York	<u>Centra</u>	l NY/Southern Tier		Finger Lakes
Albany		Broome		Chemung
Clinton		Cayuga		Livingston
Columbia		Chenango		Monroe
Delaware		Cortland		Ontario
Essex		Herkimer		Schuyler
Essex	Ш	Jefferson		Seneca
Fulton		Lewis		Steuben
Greene		Madison		Wayne
Hamilton		Oneida		Yates
Montgomery		Onondaga		
Otsego		Oswego		
Rensselaer		St. Lawrence		
Saratoga		Tioga		
Schenectady		Tompkins		
Schoharie				Western New York
Warren				Allegany Genesee
Washington				Cattaraugus
				Chautauqua  Orleans
				Erie $\square$
Wyoming				
The application will be submitted and r	eceived at	the designated address	s on or hefo	re the deadline of July 2
2009, 5:00 PM.	cccived at	the designated address	on or belo	te the deddine of guly 2,
Sincerely,				
Signature of CEO or responsible person		Telephone: Area Code	and Numbe	 r
		<u>-</u>		- 
Title		Fax: Area Code and N	umber	
Mailing Address		E-mail Address		-