

Obesity Prevention in Pediatric Health Care Settings
RFA # 0907231100

COVER PAGE

Name of Applicant (*Legal name as it would appear on a contract*)

Mailing Address (*Street address, P.O. Box, City, State, ZIP Code*)

This application covers catchment area (please check ONE box):

- | | |
|--|---|
| <input type="checkbox"/> Bronx
<input type="checkbox"/> Kings
<input type="checkbox"/> New York
<input type="checkbox"/> Richmond
<input type="checkbox"/> Queens
<input type="checkbox"/> Nassau, Suffolk
<input type="checkbox"/> Orange, Putnam, Rockland, Westchester
<input type="checkbox"/> Dutchess, Sullivan, Ulster
<input type="checkbox"/> Clinton, Essex, Franklin, Hamilton
<input type="checkbox"/> Fulton, Montgomery, Saratoga, Warren, Washington | <input type="checkbox"/> Albany, Columbia, Delaware, Greene, Otsego, Rensselaer
Schenectady, Schoharie
<input type="checkbox"/> Broome, Chenango, Cortland, Tioga, Tompkins
<input type="checkbox"/> Herkimer, Madison, Oneida
<input type="checkbox"/> Cayuga, Onondaga, Oswego
<input type="checkbox"/> Jefferson, Lewis, St. Lawrence
<input type="checkbox"/> Allegany, Cattaraugus, Chautauqua, Wyoming
<input type="checkbox"/> Erie, Genesee, Niagara, Orleans
<input type="checkbox"/> Monroe, Livingston, Ontario, Seneca, Wayne
<input type="checkbox"/> Chemung, Schuyler, Steuben, Yates |
|--|---|

Federal Employee Identification Number:	NYS Charities Registration Number:
Person authorized to act as the contact for this organization in matters regarding this application:	
Printed Name (<i>First, Last</i>):	Title:
Telephone number: ()	Fax number: ()
E-mail:	
Person authorized to obligate this firm in matters regarding this application or the resulting contract:	
Printed Name (<i>First, Last</i>):	Title:
Telephone number: ()	Fax number: ()
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this application on behalf of the Board:	
Printed Name (<i>First, Last</i>):	Title:
<div style="display: flex; justify-content: space-between;"> Signature of Applicant or Authorized Representative Date: </div>	