Attachment 4

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):

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

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 (First, Last): Title:
Telephone number: ( ) Fax number: ( )
E-mail:

Person authorized to obligate this firm in matters regarding this application or the resulting contract:
Printed Name (First, Last): 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 (First, Last): Title:

Signature of Applicant or Authorized Representative Date: