Attachment 1
Application Cover Sheet and Attestation of Minimum Eligibility

Money Follows the Person Transition Center
RFA # 20599

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

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

Federal Employee Identification Number:	**NYS Charity Registration Number:** **NYS Vendor ID Number:**

Project Director:	
Printed Name *(First, Last)*:	Title:
Telephone number:	Fax number:
( )	( )
E-mail:	

Person authorized to obligate this organization in matters regarding this application or the resulting contract:	
Printed Name *(First, Last)*:	Title:
Telephone number:	Fax number:
( )	( )
E-mail:	

By signing below, the Applicant certifies that all information provided is true and correct and attests that the Applicant meets the following minimum eligibility requirements:

- Is pre-qualified in the New York State Statewide Financial System (SFS), if not exempt.
- Is a not-for-profit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code, currently doing business in New York State and have executive offices located in New York State.
- Has a statewide presence that can provide the required core services as expressed in the Program Goals in Section III, Project Narrative/Work Plan Outcomes of the RFA, either directly or through subcontract(s), in all 62 New York State counties.

I understand and agree that, at any time, the State may review all employer records and documentation necessary to ensure compliance with the requirements of the program and monies found to have been expended which are not in compliance with the terms and conditions of the grant may be recouped by the State. The applicant further agrees to comply with the requirements of the RFA including all attachments.

Signature of Applicant or Authorized Representative

Date