

INSTRUCTIONS

INITIAL APPLICATION

The following information is provided to assist you in completing the forms required for the initial application.

Initial Application: Please provide **two (2)** copies each of all items #1 through #5.

1. Form SLP-10 Private Agency Proposed Budget. When completing the SLP 10 Budget, please to adhere to the following instructions:

a. General

The total amount included on the SLP-10 Budget, as shown on page 6, must never exceed the approved "Grant Amount" indicated on the accompanying notification letter.

b. Front Page

(1) The legal name of the agency and address should be entered as called for.

(2) Provide the name and telephone number of the local contact person for the grant.

(3) Enter the year of operation: July 1, 20____ to June 30, 20____.*

*If you need an earlier starting date, please call the Special Legislative Projects Unit at (518) 473-5733.

c. Last Page

(1) Complete "Agency Name", "Contract #", and "Federal Employer ID".

(2) At least **ONE** of the two copies of the completed SLP-10 Budget submitted must include an **original signature** for the authorized local agency official in the "Chief Administrator's Certification" entry.

2. A Program Narrative completed in accordance with the following outline (generally no more than two pages). Because there is no form for your narrative, please prepare it:

a. Program Title

Summarize the activities to be supported in accordance with in the "Purpose" in the grant notification letter.

- b. Target Population of Services**
- c. Goals or Objectives of Project of Services to be funded.**
- d. Activities to be supported by grant.**

3. A completed Certification of Agency Profile/Charity Registration Number Status form.

- a.** Complete the form in accordance with the instructions which accompany it. At least one of the two copies submitted must include an **original signature** for the authorized local agency official.

4. Initial Payment Request – State Aid Voucher

- a.** A completed **State Aid Voucher**. Only complete boxes 2, 4, 6, and 8 Box 2 is your agency's Federal Employer Identification Number (FEIN).
- b.** In the "Description of Charges" Section of Box 6 enter the following phrase: "Initial Payment Requested in Accordance With Terms of Approved Contract # _____". The amount claimed should be 25% of the proposed contract amount unless you complete an Interim Project Expenditure Report for more than 25% of the grant amount.
- c.** Make sure the voucher includes an **original signature** for the authorized agency official.

5. LEGAL NAME OF YOUR ORGANIZATION When submitting your application, you must also provide *either* a copy of your organization's:

- a. "Certificate of Incorporation"** (as issued to your organization by the New York State Department of State)

OR

- b. "Charter of Incorporation"** (if chartered by the New York State Education Department's Board of Regents)

- c. In addition, if your organization "does business as" (d.b.a.) under an assumed name, include a copy of your "Certificate of**

Assumed Name”

- 6. Retain a photo copy of all forms for your files.**

PLEASE MAIL TO:

**New York State Education Department
Special Legislative Projects
89 Washington Avenue – Room 136 EB
Albany, NY 12234**