**ATTACHMENT A.**

**APPLICANT FACE PAGE**

**RFA #21-CSBG-14**

**NYS Division of Community Services and**

**Council on Community Re-Entry and Reintegration**

**Public Health Support for COVID-19 Early Release Persons**

**REQUEST FOR APPLICATIONS**

**Applicant (Organization) Name:**

**Executive Director:**

**Application Point of Contact:**

**Application Part (circle one):**

**Area 1: New York City, Long Island, and the Mid-Hudson Valley**

**Area 2: Capital, Mohawk Valley, Central New York, and North Country**

**Area 3: Finger Lakes, Southern Tier, and West New York**

**ATTACHMENT B.**

**Applicant Contact Sheet**

**RFA #21-CSBG-14**

**Applicant (Organization) Name:**

**Executive Director:**

**Application Point of Contact:**

**Point of Contact Phone:**

**Point of Contact E-mail:**

**Executive Address:**