

**Type or Print Legibly**

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please check only one:

Please email me the RFA for funding for Community Empowerment

EMAIL ADDRESS: \_\_\_\_\_

Please mail me a copy of the RFA for funding for Community Empowerment

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Send request to:

Email: [Donna.DiCarlo@ofa.state.ny.us](mailto:Donna.DiCarlo@ofa.state.ny.us)

or

Fax to: Donna DiCarlo  
(518) 473-6565

or

Mail to: Donna DiCarlo  
New York State Office for the Aging  
Bureau of Community Improvement Initiatives  
PO Box 2041  
Albany, NY 12220-0041

Please check the following box if you anticipate submitting a proposal in response to the RFA. (This information is requested for informational purposes only and checking yes does not obligate you to submit a proposal.)

YES, I anticipate submitting a proposal