



## 2025 RFA – Program Information Form

<b>1. Today's Date</b>	
<b>2. Contract Number</b>	
<b>3. Priority Categories</b> <i>(check all that apply)</i>	<p><b>Federal Priority Categories</b></p> <p>Child Abuse</p> <p>Domestic &amp; Family Violence</p> <p>Sexual Assault</p> <p>Underserved</p> <p><b>State Priority Categories</b></p> <p>Gun Violence</p>
<b>4. Program Name</b>	
<b>5. Agency Name</b> <i>(if different than above)</i>	
<b>6. Program Address</b>	
<b>7. Administrative Office Address</b> <i>(if different than above)</i>	
<b>8. Office Hours</b>	
<b>9. Program Phone Number</b>	
<b>10. Hotline Number</b> <i>(if applicable)</i>	
<b>11. Executive Director</b>	
a. Executive Director Phone	
b. Executive Director Email	
c. Executive Director Emergency After Hours Contact	
<b>12. Program Director</b>	
a. Program Director Phone	
b. Program Director Email	
c. Program Director Emergency After Hours Contact	



<b>13. Fiscal Director</b>		
a. Fiscal Director Phone		
b. Fiscal Director Email		
<b>14. Fiscal Contact for this Contract</b>		
a. Fiscal Contact Phone		
b. Fiscal Contact Email		
<b>15. System Award Management Registration (SAM):</b>	Yes	No
a. If Yes, Expiration Date		
b. Unique Entity Identifier (UEI)		
<b>16. Federal Funding Accountability and Transparency Act (FFATA)</b>		
a. Does more than 80% of your organizations' annual gross revenue come from the Federal government?	Yes	No
b. If yes above, are those revenues greater than \$25M annually?	Yes	No
c. <b>Only if yes to 16a and 16b</b> , and compensation information is not available through SEC reporting, submit names and compensation of top 5 executives.	_____ \$	_____
	_____ \$	_____
	_____ \$	_____
	_____ \$	_____
	_____ \$	_____
<b>17. NYS Senatorial District</b>		
<b>18. NYS Assembly District</b>		
<b>19. US Congressional District</b>		