# Part A: Cover Page - Applicant Information

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| **Lead Applicant Information** | | | | | |
| **Organization Name** | |  | | | |
| **Mailing Address** | |  | | **LEA/BOCES Code (if applicable)** |  |
| **Website** | |  | | | |
| **Applicant Organization Type** | | | | | |
| Describe non-profit organization type: | | | | | |
| [**Authorized Representative Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |
| [**Fiscal Manager Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |
| [**Primary Program Contact Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |
| [**Secondary Program Contact Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |
| [**Accessible Design Coordinator Contact Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |
| [**LACES (or Data System) System Administrator Contact Information**](#_heading=h.39kk8xu) | | | | | |
| **Name** |  | | **Title** |  | |
| **Telephone** |  | | **E-mail** |  | |