



2020 Contact & Information Form

Please complete and return to the EIP office with your 2020 Training Organization Agreement and W-9.

Name of Training Organization: _____

Address: _____

City, State, Zip code: _____

Phone: _____

Main email address for account correspondence: _____

Executive Director Name: _____ Email: _____

Event Approval Contact Name: _____ Email: _____

Fiscal Contact Name: _____ Email: _____

Training Organization Website: _____

Contact name to be printed on the EIP Award Notifications: _____

Any other person authorized to sign EIP Award Notifications: _____

Please check the box(es) of the counties/boroughs in which you provide training. This information will appear on the ECETP website and will be searchable by child care providers in need of training. Your training organization information will appear on the ECETP website unless otherwise specified.

- ☐ Albany
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex

- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene
- ☐ Hamilton
- ☐ Herkimer
- ☐ Jefferson
- ☐ Kings
- ☐ Lewis
- ☐ Livingston
- ☐ Madison
- ☐ Monroe
- ☐ Montgomery
- ☐ Nassau
- ☐ New York
- ☐ Niagara

- ☐ Oneida
- ☐ Onondaga
- ☐ Ontario
- ☐ Orange
- ☐ Orleans
- ☐ Oswego
- ☐ Otsego
- ☐ Putnam
- ☐ Queens
- ☐ Rensselaer
- ☐ Richmond
- ☐ Rockland
- ☐ Saratoga
- ☐ Schenectady
- ☐ Schoharie
- ☐ Schuyler

- ☐ Seneca
- ☐ St. Lawrence
- ☐ Steuben
- ☐ Suffolk
- ☐ Sullivan
- ☐ Tioga
- ☐ Tompkins
- ☐ Ulster
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westchester
- ☐ Wyoming
- ☐ Yates
- ☐ **ALL NY Counties**