



2025 Contact & Information Form

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

Training Organization: _____

Address: _____

City, State, Zip code: _____

Phone: _____ Training Organization Website: _____

Please include the names and contact information for anyone in your organization who will be participating in general and financial communications. Additionally, please check the box next to the name of anyone who will be approving awards in your organization's Training Portal account.

Main contact person for general account correspondence:

Name: _____

Email: _____

Executive Director: _____ Email _____

Event Approval Contact: _____ Email: _____

Fiscal Contact person for financial correspondence:

Name: : _____

Email: _____

Secondary Fiscal Contact: _____ Email _____

Additional Fiscal Contact: _____ Email: _____



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 childcare 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**