



Rockland County Legislature 224 Contact Form

AGENCY NAME _____

Federal ID #: _____

Mailing Address: _____ City: _____ State: NY Zip: _____

Check one: Cultural Arts Organization Community Service Organization

CONTACT INFORMATION

(*Phone numbers and emails provided must be actively monitored and responded to.)

Please provide contact information for three individuals for FY _____

1. Grant Contact *(this should be the individual accessing portal)*

Name: _____

Title/Position: _____

Phone Number/Best _____ Select one:

Email: _____

2. Additional Contact

Name: _____

Title/Position: _____

Phone Number/Best _____ Select one:

Email: _____

3. Additional Contact

Name: _____

Title/Position: _____

Phone Number/Best _____ Select one:

Email: _____

*** Please resubmit this form when any Agency members or status changes. All sections need to be completed and emailed to:
LEG224@co.rockland.ny.us ***