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| Office of Temporary and Disability Assistance Logo | | | |
| **Andrew m. cuomo**  Governor | **MICHAEL P. HEIN**  Commissioner | **Barbara C. Guinn**  Executive Deputy Commissioner­­ |

**Attachment 1**

**Homelessness During Inclement Weather (Code Blue)**

**Application Information**

**Amount Requested:** Click here to enter text.

**District Name:** Click here to enter text.

**Contact Name:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Fax Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**Application Checklist**

**Attachment 1 – Application Information and Checklist:**

**Attachment 2 – Justification for Additional Funding:**

**Attachment 3 – Budget Form by Budget Category:**

**Attachment 4 – Budget Narrative by Budget Category:**

**I (We), the undersigned, attest that I am (we are) authorized to submit the attached applications and that such provisions will remain valid through September 30, 2021.**

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**(Please print or type) (Title)**

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**(Signature) Date:**