

**Kathy Hochul**

Governor

**BARBARA C. GUINN**Commissioner

# Sponsor’s Procorem Registration Form

**Organization’s Name:**

**HHAC Contract Number:**

**HHID#:**

**Street Address 1:**

**Street Address 2:**

**City:**

**State:**

**Zip:**

## Organization’s Housing Type

[ ]  **Permanent Housing** [ ]  **Transitional Housing** [ ]  **Emergency Shelter**

[ ]  **Other**

## Delegated Administrators

**First Name:**       **Last Name:**

**Title:**

**Phone Number:**       **Email Address:**

**First Name:**       **Last Name:**

**Title:**

**Phone Number:**       **Email Address:**

## Authorization

**This section is to be completed by the Head of the Organization (i.e. Executive Director or comparable title). I hereby authorize the Delegated Administrators identified above to manage users within Procorem on behalf of my organization. I understand that my organization is solely responsible for all activities undertaken within Procorem by users associated with my organization.**

**Head of Organization’s Name:**

**Title:**       **Phone Number:**

**Email Address:**       **Enroll in Procorem (yes or no):**

**Signature:**       **Date:**

**Please submit all Agency Procorem Registration Forms to the HHAP Procorem Mailbox:**

**BHSS-Procorem@otda.ny.gov**