

COVER PAGE			
APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		2. Date Submitted	Applicant Identifier
		5/10/2007	
		3. Date Received by State	State Application Identifier
1. Type of Submission		4. Federal Identifier	
<input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		Application #: <b>00044020</b> Grants.Gov #: <b>GRANT00260274</b>	
5. Applicant Information			
Legal Name	<b>NEW YORK CITY HEALTH &amp; HOSPITALS CORPORATION</b>	Organizational DUNS	[REDACTED]
<b>462 First Avenue New York NY 10016-9196</b>			
Person to be contacted on matters involving this application			
Name	<b>Ms. Marcy Pressman</b>	Email	<b>marcy.pressman@bellevue.nychhc.org</b>
Phone Number	<b>(212)562-2402</b>	Fax Number	<b>(212)562-4036</b>
6. Employer Identification (EIN) or (TIN)		7. Type of Applicant	
[REDACTED]		<b>Nonprofit with 501C3 IRS status (other than Institution of Higher Education)</b>	
CRS Entity Identification Number:		Other (Specify):	
8. Type of Application		9. Name of Federal Agency	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Renewal		<b>Health Resources and Services Administration (HRSA)</b>	
If Revision:		10. Catalog of Federal Domestic Assistance Number (CFDA No)	
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify):		CFDA Number	<b>93.134</b>
		Title (Name of Program)	<b>Grants to Increase Organ Donation</b>
		11. Descriptive title of Applicant's project	
Is this application being submitted to other agencies? <b>no</b>		<b>Clinical Interventions to Increase Organ Procurement</b>	
What other agencies?			
12. Areas affected by project (cities, countries, states, etc.)			
<b>City: Bronx, City: Kings, City: New York, City: Queens, City: Richmond, State: New York</b>			
13. Proposed Project		14. Congressional District of	
Start Date	End Date	a. Applicant	b. Project
<b>9/1/2007</b>	<b>8/31/2010</b>	<b>NY-14</b>	<b>NY-06, NY-07, NY-08, NY-09, NY-10, NY-11, NY-12, NY-13, NY-14, NY-15, NY-16, NY-17, NY-18</b>
15. Project Director/Principal investigator contact information			
Name	<b>Dr. Lewis Goldfrank</b>		
Position/Title	<b>Chairman</b>		
Organization	<b>New York City Health and Hospitals Corporation</b>	Division / Department Name	<b>Emergency Medicine</b>
<b>Emergency Medicine 462 First Avenue New York NY 10016-9196</b>		Phone Number	<b>(212)562-3346</b>
		Fax Number	
		Email	<b>goldfl03@med.nyu.edu</b>
16. Estimated Project Funding		17. Is Application subject to review by state executive order 12372 process?	
a. Total Estimated Project Funding	<b>\$0.00</b>	a. <input type="checkbox"/> Yes    This preapplication/application was made available to the state executive order 12372 process for review on:	
b. Total Federal & Non-Federal Funding	<b>\$1,617,776.00</b>	b. <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Program is not covered by E.O.12372	
c. Estimated Program Income	<b>\$0.00</b>	<input type="checkbox"/> Program has not been selected by state for Review	
18. By Signing this application, I certify(1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that my false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input checked="" type="checkbox"/> I agree			
*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
19. Authorized Representative			
Name	<b>Ms. Lynda Curtis</b>		
Position/Title	<b>Senior V.P. / Executive Director</b>		
Organization		Department / Division Name	
<b>462 First Avenue New York NY 10016-9196</b>		Phone Number	<b>(212)562-4132</b>
		Fax Number	<b>(212)562-4036</b>
		Email	<b>lynda.curtis@bellevue.nychhc.org</b>

Signature of Authorized Representative	Date Signed
	05/15/2007

**KEY CONTACT**

Business Official

Title of Position	Name	Phone	Email
<b>Business Official</b>	<b>Ms. Marcy Pressman</b>	<b>(212)562-2402</b>	<b>marcy.pressman@bellevue.nychhc.org</b>

<b>SENIOR/KEY PERSON PROFILE</b>			
Profile - Project Director/Principal Investigator			
Name	<b>Dr. Lewis Goldfrank</b>		
Position/Title	<b>Chairman</b>	Organization	<b>New York City Health and Hospitals Corporation</b>
Department			
<b>Emergency Medicine</b>		Phone Number	<b>(212)562-3346</b>
<b>462 First Avenue</b>		Fax Number	
<b>New York NY 10016-9196</b>		Email	<b>goldfl03@med.nyu.edu</b>
Senior Key Person Profile			
Name	Organization	Role	
<b>Dr. Eric Grossman</b>	<b>New York Organ Donor Network</b>	<b>Other Role</b>	
<b>Dr. Lewis Teperman</b>	<b>New York University School of Medicine</b>	<b>Other Role</b>	
<b>Dr. Bradley Kaufman</b>	<b>New York Fire Department</b>	<b>Other Role</b>	