



## PROGRAM INFORMATION FORM

One program per form, submit additional Program Forms as needed.

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Please provide the following information about the programs/services your agency offers. If you have not provided agency information, please complete the Agency Information Form.

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Agency name (legal) \_\_\_\_\_

Program name \_\_\_\_\_

Is the program known by another name or abbreviation? If so, name \_\_\_\_\_

Program description \_\_\_\_\_

\_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this location confidential? \_\_\_\_\_

Disability access \_\_\_\_\_

Bus service \_\_\_\_\_

Primary phone number \_\_\_\_\_

Hotline \_\_\_\_\_ Toll-free \_\_\_\_\_

After hours \_\_\_\_\_ TTY \_\_\_\_\_

Fax \_\_\_\_\_

Program contact person \_\_\_\_\_ Title \_\_\_\_\_

Program website (if different from agency) \_\_\_\_\_

Program email \_\_\_\_\_

Service day & hours \_\_\_\_\_

Intake procedure \_\_\_\_\_

Documentation required \_\_\_\_\_

Languages spoken (other than English) \_\_\_\_\_

Ages served \_\_\_\_\_

Area served (County, City, Zip Code, etc.) \_\_\_\_\_

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I verify that the information on this form is accurate. I agree to keep SANG informed of any changes and to provide information as requested by SANG during the review period.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Submit Program Form to:

**SANG**  
c/o Crandall Public Library  
251 Glen Street  
Glens Falls, NY 12801  
518-792-6508 x246