



REQUEST FOR PRIORITY

Member Agency Contact Information

Date of Request: _____

Member Agency: _____

Authorized Contact Person : _____

Phone Number: _____ E-Mail Address: _____

Proposed Commodity: _____

Detailed Commodity Description: _____

Anticipated Customer(s): _____

Commodity Information Website (If Available): _____

New Commodity Line: Existing Commodity Expansion: Approval Date: _____

Submit completed form to NYSID Product Development via mail, e-mail or fax to:

New York State Industries for the Disabled, Inc. E-mail Commodity Development Specialist : clane@nysid.org Phone: 518-694-0215 Fax: 518-455-0315

11 Columbia Circle Drive

Albany, NY 12203

Member's Authorized Signature: _____

NYSID will render a decision on this Request for Priority within 10 business days of NYSID's receipt.

***NOTE: All NYSID commodities, excluding food and apparel, will be stored in and shipped from our central warehouse.**