

**New York State Birth Equity Improvement Project (NYSBEIP)
Senior Administrator Endorsement Form**

Instructions: Please complete the fields below. The information can be typed directly into each field. A senior administrator from your organization should sign this form electronically or by hand. This completed form should be uploaded to [Survey Monkey](#) when submitting the Participant Form (Attachment 1). If endorsement form is delayed it can be submitted via email to NYSBEIP@health.ny.gov.

The senior administrator serves as a sponsor and decision-maker for the project. This individual has the authority to make formal decisions, policy changes, system changes and to allocate necessary resources to the project. The senior administrator is not required to be a team member or attend Learning Sessions.

We wish to participate in the New York State Birth Equity Improvement Project. As a senior administrator, I fully understand the project's objectives and expectations. Furthermore, I agree to support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve their improvement goals.

Facility Name: _____

Senior Administrator Signature: _____

Senior Administrator Name (Print): _____

Date: _____

Team Coordinator/Key Contact:

Name: _____

E-mail: _____

Phone: _____