**Application Cover Sheet**

**HIV/Sexually Transmitted Infections/Viral Hepatitis Training Services RFA**

**RFA #: 18437 / Internal Program #19-0002**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person / Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Component Applying For: (Check one) A \_\_ B \_\_\_ C \_\_\_ D \_\_\_ E\_\_\_**

**If applying for Component A, place a check next to the region for which you are applying:**

NYC and Long Island \_\_\_ NYC and Mid-Hudson \_\_\_ Upstate \_\_\_

**If applying for Component B, indicate the topic for which you are applying by placing a check in the column to the right of the topic:**

|  |  |  |  |
| --- | --- | --- | --- |
| Promoting Health for LGBTGNC People |  | Health Equity and Improving Health Outcomes for PLWH |  |
| Promoting Health for PWUD |  | Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis |  |
| Opioid Overdose Prevention Training and Capacity Building |  | Expanding Employment Opportunities for PLWH  |  |
| HCV Mono-infection and HIV/HCV Co-infection |  | Trauma-Informed Care |  |
| Improving Health Outcomes for Older Adults Living with HIV. |  |

**Annual Requested Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Five Year Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE NOTE: This is a 5-year award and it is anticipated that years 2-5 will remain the same.***

**Signature of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**