**Advancing Health Equity**

**through Comprehensive Community-Based HIV Ambulatory Care Services**

**RFA # 20185**

**Internal Program # 22-0005**

**Application Cover Page**

**(PLEASE TYPE ALL INFORMATION BELOW)**

**Applicant Organization Name:**

**Provider Type:**

**Federal ID#:**

**DUNS Number:**

**Unique Entity Identifier (UEI):**

**Contact Person:**

**Title:**

**Address:**

**Telephone #:**

**Fax #:**

**Email Address:**

**Component Applying for:**

**NYSDOH Region:**

**Name and Address of Proposed Funding Site:**

**Annual Requested Amount:**

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