Attachment 14

RFA # 20185

Service Delivery Experience Table

Indicate how many years of experience have been provided for the listed services and estimate the number of clients who received those services in the most recent calendar year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Years of Experience** | **Services Provided** | **Number of Clients Per Year** | **Additional Information** |
| **STI Screening and Treatment** |  |  |  |  |
| **HIV Testing Services** |  |  |  |  |
| **HIV Prevention Services** |  |  |  |  |
| **PrEP / PEP****Provision** |  |  |  |  |
| **Hepatitis Screening** |  |  |  |  |
| **HIV ART****Treatment** |  |  |  |  |
| **Enrollment in insurance programs, medical assistance programs, and patient assistance programs** |  |  |  |  |
| **Providing direct supportive services** |  |  |  |  |
| **Linkage and navigation to other supportive service providers, to ensure comprehensive care and reduce barriers to engagement** |  |  |  |  |